

MEDICARE / MEDICAID NURSING HOME INFORMATION

MISSOURI

Part 2

LEXINGTON to WILLOW SPRINGS



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

William L. Roper, M.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in dark ink, reading "William L. Roper".

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the “State Government” section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



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GOVERNOR

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MICHAEL V. REAGEN, Ph.D.
DIRECTOR

Overview of nursing home licensure program

The Missouri Division of Aging is responsible for the licensure of long term care providers. Licenses are issued for four levels of care provided by long term care facilities - Residential Care Facility I, Residential Care Facility II, Intermediate Care Facility and Skilled Nursing Facility. The types of services provided by these facilities varies from shelter, board, and protective oversight in a Residential Care Facility I to twenty-four hour per day nursing care under the direction of licensed nursing personnel in a Skilled Nursing Facility.

Any long term care facility which houses three or more residents needing any one of the four levels of care must be licensed by the Missouri Division of Aging. Licenses are issued for two year periods of time.

Any operator who has properly submitted an application and whose facility successfully passes an inspection conducted by Missouri Division of Aging personnel to determine compliance with state licensure rules and regulations is eligible to receive a license. Skilled and Intermediate Care facilities may also apply for certification in the Title XIX (Medicaid) and Title XVIII (Medicare) programs.

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Overview of enforcement system

Missouri nursing home regulations cover the areas of resident care and administration, dietary, construction, sanitation, fire safety, physical plant, resident's rights, and resident's funds and property. Each regulation is assigned a Class I, II, or III designation. A violation of a Class I standard is most severe representing imminent danger whereas a violation of a Class III standard is least severe representing indirect or potential impact on resident health and safety.

Inspections are conducted at least two times per year in each licensed facility by professional staff of the Division of Aging located in seven (7) regional offices throughout the state. Following each inspection, the facility is sent a statement of deficiencies. The provider is required to submit a plan of correction. Within 55 days a reinspection is conducted to determine if deficiencies are being corrected according to the approved correction plan. If the facility is not in compliance, a notice of noncompliance is issued which must be posted along with a copy of the most recent inspection report in a conspicuous location. The notice will indicate that any sanctions or remedies allowed by law may be imposed which include denial or revocation of license, probationary license, civil fines, criminal penalty for abuse, suspension of admissions, relocation of residents, and receivership. The Division of Aging Institutional Services Section also investigates complaints regarding long term care facilities.

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Resources available to consumers

State licensure inspections and surveys for participation in the Title XIX (Medicaid) and Title XVIII (Medicare) programs are conducted by regional office personnel of the Missouri Division of Aging Institutional Services Section. For names of regional managers, addresses and phone numbers of regional offices, and county breakdowns please refer to the attached list.

License and certification application material, state rules and regulations, federal interpretive guidelines, and nursing home directories may be obtained through the Licensure and Certification Unit of the Division of Aging.

Wanda Workman, Supervisor
Licensure/Certification Unit
Missouri Division of Aging
P.O. Box 1337
1440 Aaron Court
Jefferson City, MO 65102
314/751-2712

An ombudsman program is provided in nine locations throughout the state. It is coordinated through the Missouri Division of Aging. For more information contact:

Long Term Care Ombudsman
Missouri Division of Aging
P.O. Box 1337
2701 West Main
Jefferson City, MO 65102
314/751-3082

Complaints regarding nursing home care are handled through an Elderly Abuse and Neglect Hotline available 24 hours per day. The phone number is 1-800-392-0210.

Reports of Medicaid fraud and abuse of funds can be made to the Missouri Division of Medicaid Services for possible investigation.

Missouri Division of Medical Services
Utilization Review Unit
P.O. Box 6500
Jefferson City, MO 65102
314/751-3399

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Nursing home inspection and survey information may be reviewed in either the Division of Aging Institutional Services Regional Offices or the central office in Jefferson City. For more information contact:

Linda Bonnot
Central Information Unit
Missouri Division of Aging
P.O. Box 1337
1440 Aaron Ct.
Jefferson City, MO 65102
314/751-2075

The Missouri Division of Aging coordinates or administers a variety of programs regarding services for the elderly including in home services, adult day care, Area Agencies on Aging, etc. To obtain further information, write or call:

Missouri Division of Aging
P.O. Box 1337
2701 W. Main
Jefferson City, MO 65102
314/751-3082

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DIVISION OF AGING

INSTITUTIONAL SERVICES REGIONAL MANAGERS

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Region 1

Carol Floyd
149 Park Central Square
Springfield, MO 65806
(417) 868-3435

Region 2

Gilbert Taylor
400 S. Broadway
P.O. Box 1207
Poplar Bluff, MO 63901
(314) 785-7758

Region 3

Sandra Brook
State Office Building
615 E. 13th Street
Kansas City, MO 64106
(816) 472-2808
(816) 472-2809
(816) 472-2818
(816) 472-2812

Region 4

Carroll Claybrook
219 N. Chestnut
P.O. Box 415
Cameron, MO 64429
(816) 632-6541

Region 5

Jim Williams
313 N. Rollins
Macon, MO 63552
(816) 385-5763

Region 6

Terry Wenkel
1440 Aaron Court
P.O. Box 1337
Jefferson City, MO 65102
(314) 751-2075

Region 7

Pam Clark
Wainwright Building
111 North 7th Street, 5th Floor
St. Louis, MO 63101
(314) 444-7360

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Hospital-Based Nursing Home Licensure Program

The purpose of the licensure regulations establishes standards for the administration, nursing staff and overall operation of nursing home units in hospitals to provide a high level of care. The care of the residents will be provided in such a manner and in such an environment as to promote the maintenance or enhancement of the quality of life of each resident. Services must be provided to allow the residents to attain or maintain the highest practicable physical, mental, and psychosocial well being.

The Department of Health through its Bureau of Hospital Licensing and Certification is responsible for organizing and implementing the program of licensure for the hospital-based nursing homes. The nursing homes shall be licensed as a part of the hospital in which it is located or to which it is attached. The hospital governing body shall be responsible for the overall planning, directing, control and management of the activities and functions of the nursing home unit. As a part of the hospital, the nursing home will be licensed on an annual basis.

Enforcement System

Hospital-based nursing homes are scheduled for annual inspections and may be inspected more frequently if the Department of Health has reason to believe that conditions within the nursing home or the manner of operation of the nursing home is not consistent with established regulations. In instances when corrections or improvements are needed additional inspections will be made to determine that appropriate steps have been taken. In cases of noncompliance, sanctions may be imposed restricting payment for services provided and/or revocation or nonrenewal of the license.

Resources Available to Consumers

Information concerning the location, size, ownership, inspection findings and licensure status can be obtained from the Chief, Bureau of Hospital Licensing and Certification, Department of Health, 1738 East Elm, P. O. Box 570, Jefferson City, Missouri 65102, 314/751-6302.

Complaints of abuse, neglect or exploitation of residents in the nursing home may be reported to the Chief, Bureau of Hospital Licensing and Certification or to the Division of Aging hotline phone 1-800-235-5503. This line is answered by social service workers and is available for your use 24 hours a day.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VIII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary—A nursing home operated for profit.

Government—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1—Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE LAFAYETTE MANOR NH

Street Address:		City and State:	
HWY 13 SOUTH		LEXINGTON MO 64067	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	148	PROPRIETARY	01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
117	0	99			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		97	82.9	82.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		80	68.4	80.2	76.7
Toileting					
Residents requiring some or total assistance in toileting.		77	65.8	67.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	72.6	69.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		41	35.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	20.5	33.1	29.3
Completely bedfast residents.		0	0.0	2.0	3.6
Residents confined to chairs.		56	47.9	40.6	39.1
Residents requiring restraints.		32	27.4	35.5	31.7
Confused or disoriented residents.		32	27.4	49.0	55.8
Residents with bed sores.		3	2.6	5.7	4.7
Residents receiving special skin care.		71	60.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEARTLAND OF LIBERTY

Street Address:		City and State:	
1200 WEST COLLEGE		LIBERTY MO 64068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	140	NON-PROFIT OTHER	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
126	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	84.9	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	105	83.3	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	94	74.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	73.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	66.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	18.3	33.1	29.3
Completely bedfast residents.	3	2.4	2.0	3.6
Residents confined to chairs.	90	71.4	40.6	39.1
Residents requiring restraints.	76	60.3	35.5	31.7
Confused or disoriented residents.	66	52.4	49.0	55.8
Residents with bed sores.	14	11.1	5.7	4.7
Residents receiving special skin care.	20	15.9	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIBERTY HOSPITAL

Street Address:		City and State:	
2525 GLENN HENDREN DRIVE		LIBERTY MO 64068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	16	NON-PROFIT OTHER	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
13	0	13		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	84.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	53.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	15.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	23.1	36.9	37.7
Completely bedfast residents.	2	15.4	3.0	3.4
Residents confined to chairs.	0	0.0	45.4	50.8
Residents requiring restraints.	1	7.7	39.3	41.3
Confused or disoriented residents.	1	7.7	50.6	58.4
Residents with bed sores.	1	7.7	7.3	7.1
Residents receiving special skin care.	7	53.8	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TEXAS CO HEALTH CARE CTR

Street Address: 600 HICKORY		City and State: LICKING MO 65542	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	81.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	83.3	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	76.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	65.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	63.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	31.7	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	25	41.7	40.6	39.1
Residents requiring restraints.	22	36.7	35.5	31.7
Confused or disoriented residents.	23	38.3	49.0	55.8
Residents with bed sores.	3	5.0	5.7	4.7
Residents receiving special skin care.	23	38.3	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINCOLN COMMUNITY NURS HOME

Street Address:		City and State:	
ROUTE 1, BOX 302		LINCOLN MO 65338	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT OTHER	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	70.0	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	65.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	58.3	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	58.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	35.0	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	35	58.3	40.6	39.1
Residents requiring restraints.	7	11.7	35.5	31.7
Confused or disoriented residents.	32	53.3	49.0	55.8
Residents with bed sores.	4	6.7	5.7	4.7
Residents receiving special skin care.	16	26.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SHEPHERD N H

Street Address:		City and State:	
200 W 12TH		LOCKWOOD MO 65682	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	66	NON-PROFIT OTHER	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	81.0	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	79.4	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	54.0	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	55.6	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	49.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	30.2	33.1	29.3
Completely bedfast residents.	1	1.6	2.0	3.6
Residents confined to chairs.	17	27.0	40.6	39.1
Residents requiring restraints.	35	55.6	35.5	31.7
Confused or disoriented residents.	26	41.3	49.0	55.8
Residents with bed sores.	0	0.0	5.7	4.7
Residents receiving special skin care.	20	31.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLE GROVE LODGE

Street Address:		City and State:	
2407 KENTUCKY		LOUISIANA MO 63353	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	82.8	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	70.7	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	55.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	63.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	46.6	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	22.4	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	19	32.8	40.6	39.1
Residents requiring restraints.	22	37.9	35.5	31.7
Confused or disoriented residents.	36	62.1	49.0	55.8
Residents with bed sores.	2	3.4	5.7	4.7
Residents receiving special skin care.	0	0.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SMITH-BARR MANOR N H

Street Address:		City and State:	
2407 W GEORGIA		LOUISIANA MO 63353	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	71	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
63	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	85.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	74.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	74.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	34.9	36.9	37.7
Completely bedfast residents.	3	4.8	3.0	3.4
Residents confined to chairs.	24	38.1	45.4	50.8
Residents requiring restraints.	35	55.6	39.3	41.3
Confused or disoriented residents.	24	38.1	50.6	58.4
Residents with bed sores.	2	3.2	7.3	7.1
Residents receiving special skin care.	10	15.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TRUMAN LAKE MANOR INC

Street Address:		City and State:	
600 E 7TH STREET BOX 133		LOWRY CITY MO 64763	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
90	0	53	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	90.0	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	86.7	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	74.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	68.9	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	72.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	32.2	33.1	29.3
Completely bedfast residents.	5	5.6	2.0	3.6
Residents confined to chairs.	44	48.9	40.6	39.1
Residents requiring restraints.	39	43.3	35.5	31.7
Confused or disoriented residents.	52	57.8	49.0	55.8
Residents with bed sores.	7	7.8	5.7	4.7
Residents receiving special skin care.	17	18.9	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOND NURSING CARE CENTER

Street Address:		City and State:	
HWY 34 WEST ROUTE 2		LUTESVILLE MO 63762	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	87.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	82.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	62.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	61.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	62.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	31.5	36.9	37.7
Completely bedfast residents.	3	3.4	3.0	3.4
Residents confined to chairs.	43	48.3	45.4	50.8
Residents requiring restraints.	29	32.6	39.3	41.3
Confused or disoriented residents.	34	38.2	50.6	58.4
Residents with bed sores.	4	4.5	7.3	7.1
Residents receiving special skin care.	32	36.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MACON COUNTY N H DISTRICT

Street Address:		City and State:	
SUNSET HILLS DRIVE P O BOX 187		MACON MO 63552	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	FEDERAL GOVERNMENT	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
136	3	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	86.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	88.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	77.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	74.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	80.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	51.5	36.9	37.7
Completely bedfast residents.	7	5.1	3.0	3.4
Residents confined to chairs.	71	52.2	45.4	50.8
Residents requiring restraints.	77	56.6	39.3	41.3
Confused or disoriented residents.	60	44.1	50.6	58.4
Residents with bed sores.	3	2.2	7.3	7.1
Residents receiving special skin care.	118	86.8	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MACON HEALTH CARE CTR

Street Address:		City and State:	
P O BOX 465 HWY 36 EAST		MACON MO 63552	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
72	1	38		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	75.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	69.4	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	52.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	55.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	52.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	23.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	22	30.6	45.4	50.8
Residents requiring restraints.	25	34.7	39.3	41.3
Confused or disoriented residents.	32	44.4	50.6	58.4
Residents with bed sores.	3	4.2	7.3	7.1
Residents receiving special skin care.	18	25.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MALDEN NURSING CENTER

Street Address:		City and State:	
1209 STOKELAN		MALDEN MO 63863	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	70	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
56	0	52	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	89.3	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	64.3	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	51.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	64.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	48.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	21.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	21.4	36.9	37.7
Completely bedfast residents.	6	10.7	3.0	3.4
Residents confined to chairs.	19	33.9	45.4	50.8
Residents requiring restraints.	15	26.8	39.3	41.3
Confused or disoriented residents.	21	37.5	50.6	58.4
Residents with bed sores.	4	7.1	7.3	7.1
Residents receiving special skin care.	6	10.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEVIEW MANOR NURSING HOME

Street Address: 500 BARRETT DRIVE		City and State: MALDEN MO 63863	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 105
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	71.2	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	77.1	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	68.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	69.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	36.4	36.9	37.7
Completely bedfast residents.	4	3.4	3.0	3.4
Residents confined to chairs.	19	16.1	45.4	50.8
Residents requiring restraints.	34	28.8	39.3	41.3
Confused or disoriented residents.	72	61.0	50.6	58.4
Residents with bed sores.	1	0.8	7.3	7.1
Residents receiving special skin care.	14	11.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLAYTON HOUSE/TERRACE HLTH CARE

Street Address:		City and State:	
13995 CLAYTON ROAD		MANCHESTER MO 63011	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	211	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
211	10	19	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	188	89.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	68.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	58.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	55.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	63.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	19.9	36.9	37.7
Completely bedfast residents.	3	1.4	3.0	3.4
Residents confined to chairs.	97	46.0	45.4	50.8
Residents requiring restraints.	96	45.5	39.3	41.3
Confused or disoriented residents.	147	69.7	50.6	58.4
Residents with bed sores.	6	2.8	7.3	7.1
Residents receiving special skin care.	22	10.4	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANSFIELD NURS HOME

Street Address:		City and State:	
ROUTE 1 BOX 9		MANSFIELD MO 65704	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	45	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	81.8	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	84.1	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	68.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	63.6	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	56.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	20.5	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	24	54.5	40.6	39.1
Residents requiring restraints.	21	47.7	35.5	31.7
Confused or disoriented residents.	23	52.3	49.0	55.8
Residents with bed sores.	0	0.0	5.7	4.7
Residents receiving special skin care.	4	9.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARCELINE HEALTHCARE

Street Address:		City and State:	
108 E HOWELL STREET		MARCELINE MO 64658	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	80	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
53	0	36	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	81.1	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	77.4	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	56.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	49.1	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	69.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	3	5.7	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	26.4	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	15	28.3	40.6	39.1
Residents requiring restraints.	23	43.4	35.5	31.7
Confused or disoriented residents.	22	41.5	49.0	55.8
Residents with bed sores.	5	9.4	5.7	4.7
Residents receiving special skin care.	17	32.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PIONEER HEALTH CARE CENTER

Street Address:		City and State:	
SOUTH KANSAS AVE RR 1 BOX 100A		MARCELINE MO 64658	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	84	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	1	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	77.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	88.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	78.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	92.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	87.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	31.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	47	58.7	45.4	50.8
Residents requiring restraints.	36	45.0	39.3	41.3
Confused or disoriented residents.	63	78.7	50.6	58.4
Residents with bed sores.	2	2.5	7.3	7.1
Residents receiving special skin care.	15	18.8	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST FRANCIS HOSPITAL ICF

Street Address:		City and State:	
225 WEST HAYDEN STREET		MARCELINE MO 64658	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	42	NON-PROFIT RELIGIOUS	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
35	0	21	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	80.0	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	88.6	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	77.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	77.1	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	48.6	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	31.4	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	26	74.3	40.6	39.1
Residents requiring restraints.	18	51.4	35.5	31.7
Confused or disoriented residents.	20	57.1	49.0	55.8
Residents with bed sores.	1	2.9	5.7	4.7
Residents receiving special skin care.	7	20.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARSHALL HABILITATION CENTER

Street Address:		City and State:	
SLATER STREET P O BOX 190		MARSHALL MO 65340	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	113	NON-PROFIT PRIVATE	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
103	0	73	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	97.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	97.1	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	97.1	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	87.4	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	62.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	83.5	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	79	76.7	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	0	0.0	50.6	58.4
Residents with bed sores.	3	2.9	7.3	7.1
Residents receiving special skin care.	45	43.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEBCO MANOR

Street Address:		City and State:	
1657 W WASHINGTON		MARSHFIELD MO 65706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	104	NON-PROFIT OTHER	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	84.2	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	85	84.2	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	93	92.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	14.9	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	53.5	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	38.6	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	15	14.9	40.6	39.1
Residents requiring restraints.	0	0.0	35.5	31.7
Confused or disoriented residents.	43	42.6	49.0	55.8
Residents with bed sores.	4	4.0	5.7	4.7
Residents receiving special skin care.	14	13.9	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRWAYS CARING CTR

Street Address:		City and State:	
3201 PARKWOOD LN		MARYLAND HEIGHTS MO 63040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
107	0	107	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	93.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	82.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	66.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	61.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	66.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	26.2	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	74	69.2	45.4	50.8
Residents requiring restraints.	52	48.6	39.3	41.3
Confused or disoriented residents.	68	63.6	50.6	58.4
Residents with bed sores.	10	9.3	7.3	7.1
Residents receiving special skin care.	46	43.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NATIONAL HEALTHCARE CTR MARYLAND HGTS

Street Address:		City and State:	
2920 FEE FEE ROAD		MARYLAND HEIGHTS MO 63043	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	220	NON-PROFIT OTHER	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
85	1	79		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	80.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	77.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	65.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	65.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	70.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	71.8	36.9	37.7
Completely bedfast residents.	2	2.4	3.0	3.4
Residents confined to chairs.	67	78.8	45.4	50.8
Residents requiring restraints.	34	40.0	39.3	41.3
Confused or disoriented residents.	46	54.1	50.6	58.4
Residents with bed sores.	6	7.1	7.3	7.1
Residents receiving special skin care.	28	32.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARYVILLE HEALTH CARE CENTER

Street Address:		City and State:	
524 N LAURA		MARYVILLE MO 64468	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	108	PROPRIETARY	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	20.3	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	84.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	75.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	70.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	59.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	27.8	36.9	37.7
Completely bedfast residents.	1	1.3	3.0	3.4
Residents confined to chairs.	38	48.1	45.4	50.8
Residents requiring restraints.	27	34.2	39.3	41.3
Confused or disoriented residents.	27	34.2	50.6	58.4
Residents with bed sores.	10	12.7	7.3	7.1
Residents receiving special skin care.	5	6.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NODAWAY NURSING HOME

Street Address: PO BOX 307		City and State: MARYVILLE MO 64468	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 35
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	42.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	63.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	50.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	48.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	55.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	9.3	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	44.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	16	29.6	45.4	50.8
Residents requiring restraints.	22	40.7	39.3	41.3
Confused or disoriented residents.	34	63.0	50.6	58.4
Residents with bed sores.	3	5.6	7.3	7.1
Residents receiving special skin care.	3	5.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SELLS REST HOME

Street Address:		City and State:	
RT 1 BOX 6A		MATTHEWS MO 63867	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	94	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	73.6	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	83.5	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	69.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	64.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	60.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	6	6.6	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	79.1	33.1	29.3
Completely bedfast residents.	6	6.6	2.0	3.6
Residents confined to chairs.	39	42.9	40.6	39.1
Residents requiring restraints.	37	40.7	35.5	31.7
Confused or disoriented residents.	85	93.4	49.0	55.8
Residents with bed sores.	0	0.0	5.7	4.7
Residents receiving special skin care.	19	20.9	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET HOME INC

Street Address:		City and State:	
HIGHWAY 33		MAYSVILLE MO 64469	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	119	LOCAL GOVERNMENT	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
103	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	100	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	69.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	58.3	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	57.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	30.1	33.1	29.3
Completely bedfast residents.	5	4.9	2.0	3.6
Residents confined to chairs.	39	37.9	40.6	39.1
Residents requiring restraints.	35	34.0	35.5	31.7
Confused or disoriented residents.	46	44.7	49.0	55.8
Residents with bed sores.	6	5.8	5.7	4.7
Residents receiving special skin care.	13	12.6	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCOTLAND CO NH

Street Address:		City and State:	
SIGLER ST		MEMPHIS MO 63555	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	LOCAL GOVERNMENT	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
101	0	68	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	100	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	85	84.2	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	70	69.3	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	60.4	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	60.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	27	26.7	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	73.3	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	35	34.7	40.6	39.1
Residents requiring restraints.	0	0.0	35.5	31.7
Confused or disoriented residents.	57	56.4	49.0	55.8
Residents with bed sores.	3	3.0	5.7	4.7
Residents receiving special skin care.	57	56.4	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUDRAIN MEDICAL CENTER

Street Address: 620 EAST MONROE		City and State: MEXICO MO 65265	
Participation: MEDICARE SNF	# of Beds: 26	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	Medicare Residents: 11	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	81.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	90.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	81.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	81.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	18.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	18.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	1	9.1	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	1	9.1	50.6	58.4
Residents with bed sores.	1	9.1	7.3	7.1
Residents receiving special skin care.	1	9.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PIN OAKS ADULT CARE

Street Address:		City and State:	
HWY 22 AT CURTIS AVE		MEXICO MO 65265	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	164	PROPRIETARY	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
153	0	114	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	63.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	71.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	72.5	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	71.2	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	63.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	3.9	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	31.4	36.9	37.7
Completely bedfast residents.	1	0.7	3.0	3.4
Residents confined to chairs.	67	43.8	45.4	50.8
Residents requiring restraints.	76	49.7	39.3	41.3
Confused or disoriented residents.	91	59.5	50.6	58.4
Residents with bed sores.	19	12.4	7.3	7.1
Residents receiving special skin care.	75	49.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LEEWOOD MANOR NURSING HOME INC

Street Address:		City and State:	
611 W THIRD ST		MILAN MO 63556	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	81	PROPRIETARY	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	76.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	80.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	63.3	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	58.3	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	51.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	16	26.7	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	43.3	33.1	29.3
Completely bedfast residents.	1	1.7	2.0	3.6
Residents confined to chairs.	27	45.0	40.6	39.1
Residents requiring restraints.	21	35.0	35.5	31.7
Confused or disoriented residents.	35	58.3	49.0	55.8
Residents with bed sores.	0	0.0	5.7	4.7
Residents receiving special skin care.	13	21.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILAN NURSING HOME

Street Address:		City and State:	
ROUTE 3 BOX 16		MILAN MO 63556	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
98	1	80	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	81.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	82.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	61.2	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	86.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	67.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	55.1	36.9	37.7
Completely bedfast residents.	7	7.1	3.0	3.4
Residents confined to chairs.	54	55.1	45.4	50.8
Residents requiring restraints.	50	51.0	39.3	41.3
Confused or disoriented residents.	51	52.0	50.6	58.4
Residents with bed sores.	1	1.0	7.3	7.1
Residents receiving special skin care.	11	11.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MINER NURSING & RESIDENTIAL CARE CTR

Street Address:		City and State:	
BLODGETT ROAD		MINER MO 63801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	70	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	89.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	80.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	63.2	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	84.2	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	47.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	26.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	28	49.1	45.4	50.8
Residents requiring restraints.	20	35.1	39.3	41.3
Confused or disoriented residents.	38	66.7	50.6	58.4
Residents with bed sores.	7	12.3	7.3	7.1
Residents receiving special skin care.	10	17.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOMA LINDA HEALTH CARE

Street Address:		City and State:	
1600 EAST ROLLINS		MOBERLY MO 65270	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
59	0	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	54.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	24	40.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	45.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	86.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	49.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	13	22.0	45.4	50.8
Residents requiring restraints.	26	44.1	39.3	41.3
Confused or disoriented residents.	42	71.2	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	9	15.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIGROUP NORTH VILLAGE PARK

Street Address:		City and State:	
2041 SILVA LANE PO BOX 40		MOBERLY MO 65270	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	184	PROPRIETARY	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
174	0	92	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	170	97.7	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	86.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	75.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	75.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	75.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	30.5	36.9	37.7
Completely bedfast residents.	3	1.7	3.0	3.4
Residents confined to chairs.	77	44.3	45.4	50.8
Residents requiring restraints.	64	36.8	39.3	41.3
Confused or disoriented residents.	77	44.3	50.6	58.4
Residents with bed sores.	9	5.2	7.3	7.1
Residents receiving special skin care.	34	19.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOBERLY CARING CENTER

Street Address:		City and State:	
700 URBANDALE DRIVE EAST		MOBERLY MO 65270	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	97.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	82.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	78.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	78.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	63.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	28.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	12	26.1	45.4	50.8
Residents requiring restraints.	9	19.6	39.3	41.3
Confused or disoriented residents.	14	30.4	50.6	58.4
Residents with bed sores.	4	8.7	7.3	7.1
Residents receiving special skin care.	10	21.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERVIEW NURSING CTR

Street Address:		City and State:	
RT 1 BOX 24		MOKANE MO 65059	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
52	0	36	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	96.2	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	73.1	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	57.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	98.1	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	65.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	67.3	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	38	73.1	40.6	39.1
Residents requiring restraints.	31	59.6	35.5	31.7
Confused or disoriented residents.	30	57.7	49.0	55.8
Residents with bed sores.	2	3.8	5.7	4.7
Residents receiving special skin care.	12	23.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMDEN HEALTH CARE CENTER

Street Address:		City and State:	
410 WEST BENTON STREET		MONETT MO 65708	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
103	0	56		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	84.5	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	83	80.6	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	75	72.8	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	99.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	70.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	19	18.4	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	47.6	33.1	29.3
Completely bedfast residents.	11	10.7	2.0	3.6
Residents confined to chairs.	12	11.7	40.6	39.1
Residents requiring restraints.	35	34.0	35.5	31.7
Confused or disoriented residents.	64	62.1	49.0	55.8
Residents with bed sores.	10	9.7	5.7	4.7
Residents receiving special skin care.	71	68.9	27.7	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MONROE CITY MANOR CARE CENTER

Street Address:		City and State:	
HWY 36 & Z ROAD		MONROE CITY MO 63456	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	52	NON-PROFIT OTHER	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
43	0	43	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	97.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	95.3	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	72.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	86.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	100	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	23.3	33.1	29.3
Completely bedfast residents.	1	2.3	2.0	3.6
Residents confined to chairs.	21	48.8	40.6	39.1
Residents requiring restraints.	10	23.3	35.5	31.7
Confused or disoriented residents.	16	37.2	49.0	55.8
Residents with bed sores.	1	2.3	5.7	4.7
Residents receiving special skin care.	1	2.3	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TIFFANY HEIGHTS

Street Address:		City and State:	
1531 NEBRASKA		MOUND CITY MO 64470	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	96.5	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	93.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	75.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	68.4	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	78.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	5.3	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	20	35.1	40.6	39.1
Residents requiring restraints.	14	24.6	35.5	31.7
Confused or disoriented residents.	24	42.1	49.0	55.8
Residents with bed sores.	1	1.8	5.7	4.7
Residents receiving special skin care.	24	42.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR OF MOUNTAIN GROVE

Street Address:		City and State:	
13TH AND HOVIS ST		MOUNT GROVE MO 65711	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
120	0	120	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	95.8	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	72.5	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	75	62.5	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	65.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	54.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	49.2	33.1	29.3
Completely bedfast residents.	6	5.0	2.0	3.6
Residents confined to chairs.	58	48.3	40.6	39.1
Residents requiring restraints.	23	19.2	35.5	31.7
Confused or disoriented residents.	47	39.2	49.0	55.8
Residents with bed sores.	10	8.3	5.7	4.7
Residents receiving special skin care.	72	60.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAWRENCE CO NURSING HOME DISTRICT

Street Address: P O BOX 191 CARL ALLEN DRIVE		City and State: MOUNT VERNON MO 65712	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: FEDERAL GOVERNMENT	Survey Date: 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 82	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	87.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	87.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	78.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	89.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	79.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	40.5	36.9	37.7
Completely bedfast residents.	4	3.4	3.0	3.4
Residents confined to chairs.	66	56.9	45.4	50.8
Residents requiring restraints.	27	23.3	39.3	41.3
Confused or disoriented residents.	54	46.6	50.6	58.4
Residents with bed sores.	2	1.7	7.3	7.1
Residents receiving special skin care.	22	19.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDICAL LODGE OF NEOSHO

Street Address:		City and State:	
400 LYONS DRIVE RT 6 BOX 153		NEOSHO MO 64850	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
116	20	71	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	94.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	79.3	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	77.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	77.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	71.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	74	63.8	45.4	50.8
Residents requiring restraints.	44	37.9	39.3	41.3
Confused or disoriented residents.	67	57.8	50.6	58.4
Residents with bed sores.	9	7.8	7.3	7.1
Residents receiving special skin care.	60	51.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEOSHO SENIOR CTR INC

Street Address:		City and State:	
330 SOUTH WOOD STREET		NEOSHO MO 64850	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	94	PROPRIETARY	04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
92	0	54		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	91.3	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	83	90.2	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	76	82.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	78.3	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	67.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	46.7	33.1	29.3
Completely bedfast residents.	1	1.1	2.0	3.6
Residents confined to chairs.	36	39.1	40.6	39.1
Residents requiring restraints.	46	50.0	35.5	31.7
Confused or disoriented residents.	48	52.2	49.0	55.8
Residents with bed sores.	6	6.5	5.7	4.7
Residents receiving special skin care.	1	1.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BARONE BLDG NEVADA HABILITATION CTR

Street Address:		City and State:	
NORTH ASH STREET		NEVADA MO 64772	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	36	STATE GOVERNMENT	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	96.7	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	96.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	96.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	90.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	23.3	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	73.3	36.9	37.7
Completely bedfast residents.	6	20.0	3.0	3.4
Residents confined to chairs.	22	73.3	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	29	96.7	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	28	93.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEVADA CITY HOSPITAL

Street Address:		City and State:	
800 SOUTH STREET		NEVADA MO 64772	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	10	LOCAL GOVERNMENT	05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	40.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	20.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	4	80.0	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	1	20.0	50.6	58.4
Residents with bed sores.	1	20.0	7.3	7.1
Residents receiving special skin care.	2	40.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

NEVADA CITY NH/MOORE-FEW NH

Street Address:		City and State:	
901 S ADAMS		NEVADA MO 64772	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	88	LOCAL GOVERNMENT	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
80	0	56	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	78.7	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	92.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	65.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	68.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	67.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	30.0	36.9	37.7
Completely bedfast residents.	3	3.7	3.0	3.4
Residents confined to chairs.	27	33.7	45.4	50.8
Residents requiring restraints.	22	27.5	39.3	41.3
Confused or disoriented residents.	75	93.8	50.6	58.4
Residents with bed sores.	8	10.0	7.3	7.1
Residents receiving special skin care.	33	41.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEVADA MANOR

Street Address:		City and State:	
1210 WEST ASHLAND		NEVADA MO 64772	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	PROPRIETARY	11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
98	0	98		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	63.3	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	69.4	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	59.2	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	53.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	66.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	39.8	36.9	37.7
Completely bedfast residents.	3	3.1	3.0	3.4
Residents confined to chairs.	40	40.8	45.4	50.8
Residents requiring restraints.	30	30.6	39.3	41.3
Confused or disoriented residents.	45	45.9	50.6	58.4
Residents with bed sores.	7	7.1	7.3	7.1
Residents receiving special skin care.	7	7.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW FLORENCE NURSING HOME INC

Street Address:		City and State:	
RT 1 BOX 30		NEW FLORENCE MO 63363	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT OTHER	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	91.5	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	78.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	66.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	66.1	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	54.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.2	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	37	62.7	40.6	39.1
Residents requiring restraints.	33	55.9	35.5	31.7
Confused or disoriented residents.	43	72.9	49.0	55.8
Residents with bed sores.	3	5.1	5.7	4.7
Residents receiving special skin care.	14	23.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW HAVEN NURSING CENTER

Street Address:		City and State:	
201 W HWY 100		NEW HAVEN MO 63068	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	90	PROPRIETARY	12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
76	0	55	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	97.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	77.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	72.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	60.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	55.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	27.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	32	42.1	45.4	50.8
Residents requiring restraints.	39	51.3	39.3	41.3
Confused or disoriented residents.	76	100	50.6	58.4
Residents with bed sores.	3	3.9	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW MADRID NURSING CENTER

Street Address:		City and State:	
1050 DAWSON ROAD		NEW MADRID MO 63969	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
110	0	106	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	78.2	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	74.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	64.5	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	73.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	68.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	28.2	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	60	54.5	45.4	50.8
Residents requiring restraints.	38	34.5	39.3	41.3
Confused or disoriented residents.	41	37.3	50.6	58.4
Residents with bed sores.	1	0.9	7.3	7.1
Residents receiving special skin care.	26	23.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1399	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIXA PARK CARE CENTER

Street Address:		City and State:	
1200 N MAIN		NIXA MO 65714	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	50.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	0	0.0	45.4	50.8
Residents requiring restraints.	1	50.0	39.3	41.3
Confused or disoriented residents.	1	50.0	50.6	58.4
Residents with bed sores.	1	50.0	7.3	7.1
Residents receiving special skin care.	1	50.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIGROUP CASTLE PARK

Street Address:		City and State:	
7301 ST CHARLES ROCK ROAD		NORMANDY MO 63133	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
108	0	104	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	75.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	83.3	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	64.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	66.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	71.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	22.2	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	53	49.1	45.4	50.8
Residents requiring restraints.	50	46.3	39.3	41.3
Confused or disoriented residents.	60	55.6	50.6	58.4
Residents with bed sores.	8	7.4	7.3	7.1
Residents receiving special skin care.	5	4.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK GROVE HEALTH CARE CENTER

Street Address:		City and State:	
21ST & MITCHELL		OAK GROVE MO 64075	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	90	PROPRIETARY	04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
89	0	62	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	89.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	92.1	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	74.2	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	87.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	68.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.5	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	56.2	36.9	37.7
Completely bedfast residents.	5	5.6	3.0	3.4
Residents confined to chairs.	47	52.8	45.4	50.8
Residents requiring restraints.	48	53.9	39.3	41.3
Confused or disoriented residents.	34	38.2	50.6	58.4
Residents with bed sores.	10	11.2	7.3	7.1
Residents receiving special skin care.	42	47.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW HAVEN NURSING HOME

Street Address: 609 GOLF STREET		City and State: ODESSA MO 64076	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 32	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	67.2	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	81.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	69.0	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	58.6	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	58.6	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	22.4	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	23	39.7	40.6	39.1
Residents requiring restraints.	24	41.4	35.5	31.7
Confused or disoriented residents.	29	50.0	49.0	55.8
Residents with bed sores.	3	5.2	5.7	4.7
Residents receiving special skin care.	7	12.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDEN VIEW CARE CENTER

Street Address:		City and State:	
700 GARDEN PATH		OFALLON MO 63366	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
2	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	50.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	2	100	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	1	50.0	50.6	58.4
Residents with bed sores.	1	50.0	7.3	7.1
Residents receiving special skin care.	1	50.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OREGON HEALTH CARE CENTER

Street Address:		City and State:	
BOX 317		OREGON MO 64473	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
58	0	45	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	70.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	75.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	77.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	70.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	43.1	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	20	34.5	40.6	39.1
Residents requiring restraints.	21	36.2	35.5	31.7
Confused or disoriented residents.	11	19.0	49.0	55.8
Residents with bed sores.	3	5.2	5.7	4.7
Residents receiving special skin care.	12	20.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OSAGE BEACH HEALTH CARE CTR

Street Address:		City and State:	
PO BOX 659 LAKE RD 54-29		OSAGE BEACH MO 65065	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
87	2	44		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	93.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	74.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	65.5	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	60.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	52.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	25.3	36.9	37.7
Completely bedfast residents.	2	2.3	3.0	3.4
Residents confined to chairs.	49	56.3	45.4	50.8
Residents requiring restraints.	23	26.4	39.3	41.3
Confused or disoriented residents.	50	57.5	50.6	58.4
Residents with bed sores.	9	10.3	7.3	7.1
Residents receiving special skin care.	30	34.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OZARK CARE CENTERS INC

Street Address:		City and State:	
OZARK CARE DRIVE P O BOX 278		OSAGE BEACH MO 65065	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
54	1	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	74.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	42.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	70.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	72.2	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	57.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	7.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	40.7	36.9	37.7
Completely bedfast residents.	8	14.8	3.0	3.4
Residents confined to chairs.	21	38.9	45.4	50.8
Residents requiring restraints.	7	13.0	39.3	41.3
Confused or disoriented residents.	24	44.4	50.6	58.4
Residents with bed sores.	3	5.6	7.3	7.1
Residents receiving special skin care.	28	51.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GASCONADE MANOR NUR HOME

Street Address:		City and State:	
PO BOX 520 RT 19 SPRGFLD RD		OWENSVILLE MO 65066	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	NON-PROFIT OTHER	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	91.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	71.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	69.5	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	72.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	81.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	45.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	42	71.2	45.4	50.8
Residents requiring restraints.	31	52.5	39.3	41.3
Confused or disoriented residents.	42	71.2	50.6	58.4
Residents with bed sores.	1	1.7	7.3	7.1
Residents receiving special skin care.	19	32.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OZARK NURSING AND CARE CENTER

Street Address:		City and State:	
1106 NORTH 3RD AVENUE		OZARK MO 65721	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
114	0	78		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	86.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	91.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	71.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	70.2	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	84.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	27	23.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	89	78.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	61	53.5	45.4	50.8
Residents requiring restraints.	45	39.5	39.3	41.3
Confused or disoriented residents.	85	74.6	50.6	58.4
Residents with bed sores.	11	9.6	7.3	7.1
Residents receiving special skin care.	22	19.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PACIFIC CARE CENTER

Street Address:		City and State:	
105 S 6TH		PACIFIC MO 63069	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
108	0	78		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	69.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	77.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	70.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	67.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	64.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	87	80.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	2	1.9	45.4	50.8
Residents requiring restraints.	52	48.1	39.3	41.3
Confused or disoriented residents.	59	54.6	50.6	58.4
Residents with bed sores.	23	21.3	7.3	7.1
Residents receiving special skin care.	1	0.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLE LAWN NURSING HOME

Street Address:		City and State:	
1410 WEST LINE		PALMYRA MO 63461	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	LOCAL GOVERNMENT	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
118	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	86.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	78.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	78.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	78.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	59.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	47.5	36.9	37.7
Completely bedfast residents.	4	3.4	3.0	3.4
Residents confined to chairs.	49	41.5	45.4	50.8
Residents requiring restraints.	12	10.2	39.3	41.3
Confused or disoriented residents.	54	45.8	50.6	58.4
Residents with bed sores.	4	3.4	7.3	7.1
Residents receiving special skin care.	5	4.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONROE MANOR

Street Address: 200 SOUTH STREET		City and State: PARIS MO 65275	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: FEDERAL GOVERNMENT	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 60		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	73.3	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	75.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	62.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	69.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	47.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	6	5.2	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	43.1	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	59	50.9	40.6	39.1
Residents requiring restraints.	25	21.6	35.5	31.7
Confused or disoriented residents.	58	50.0	49.0	55.8
Residents with bed sores.	2	1.7	5.7	4.7
Residents receiving special skin care.	24	20.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICAN CARE CENTER

Street Address:		City and State:	
430 NORTHWEST ST		PERRYVILLE MO 63775	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	156	NON-PROFIT OTHER	06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
144	3	95	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	129	89.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	136	94.4	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	74.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	91.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	76.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	39.6	36.9	37.7
Completely bedfast residents.	1	0.7	3.0	3.4
Residents confined to chairs.	124	86.1	45.4	50.8
Residents requiring restraints.	81	56.3	39.3	41.3
Confused or disoriented residents.	70	48.6	50.6	58.4
Residents with bed sores.	10	6.9	7.3	7.1
Residents receiving special skin care.	29	20.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

PERRY CO NH INC

Street Address:		City and State:	
RT 2 800 S KINGSHIGHWAY		PERRYVILLE MO 63775	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	123	NON-PROFIT OTHER	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	0	36	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	81.5	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	95	79.8	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	85	71.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	50.4	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	52	43.7	40.6	39.1
Residents requiring restraints.	69	58.0	35.5	31.7
Confused or disoriented residents.	64	53.8	49.0	55.8
Residents with bed sores.	2	1.7	5.7	4.7
Residents receiving special skin care.	20	16.8	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLARK'S MOUNTAIN HOME

Street Address:		City and State:	
2100 BARNES ST		PIEDMONT MO 63957	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	72.1	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	82	95.3	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	69.8	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	90.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	62.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	10	11.6	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	38.4	33.1	29.3
Completely bedfast residents.	1	1.2	2.0	3.6
Residents confined to chairs.	49	57.0	40.6	39.1
Residents requiring restraints.	31	36.0	35.5	31.7
Confused or disoriented residents.	45	52.3	49.0	55.8
Residents with bed sores.	4	4.7	5.7	4.7
Residents receiving special skin care.	2	2.3	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARCADIA VALLEY HOSPITAL

Street Address:		City and State:	
HIGHWAY 21, PO BOX 220		PILOT KNOB MO 63663	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	24	NON-PROFIT OTHER	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	24	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	79.2	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	79.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	12	50.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	50.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	45.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	12.5	36.9	37.7
Completely bedfast residents.	1	4.2	3.0	3.4
Residents confined to chairs.	9	37.5	45.4	50.8
Residents requiring restraints.	1	4.2	39.3	41.3
Confused or disoriented residents.	17	70.8	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLATTE CITY CARING CENTER

Street Address:		City and State:	
220 O ROURKE DRIVE		PLATTE CITY MO 64079	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	PROPRIETARY	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
50	0	36		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	96.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	96.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	92.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	92.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	24.0	36.9	37.7
Completely bedfast residents.	1	2.0	3.0	3.4
Residents confined to chairs.	30	60.0	45.4	50.8
Residents requiring restraints.	12	24.0	39.3	41.3
Confused or disoriented residents.	27	54.0	50.6	58.4
Residents with bed sores.	4	8.0	7.3	7.1
Residents receiving special skin care.	6	12.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POINT LOOKOUT HEALTH CARE CTR

Street Address:		City and State:	
PO BOX 528 HWY U 20		POINT LOOKOUT MO 65726	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
75	0	43		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	90.7	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	86.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	84.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	69.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	69.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	8.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	10	13.3	45.4	50.8
Residents requiring restraints.	13	17.3	39.3	41.3
Confused or disoriented residents.	42	56.0	50.6	58.4
Residents with bed sores.	1	1.3	7.3	7.1
Residents receiving special skin care.	20	26.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLUFF NURSING CENTER

Street Address:		City and State:	
2071 BARRON RD PO BOX 1066		POPLAR BLUFF MO 63901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	90	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
90	0	81	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	80.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	95.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	88.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	75.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	88.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	40.0	36.9	37.7
Completely bedfast residents.	8	8.9	3.0	3.4
Residents confined to chairs.	26	28.9	45.4	50.8
Residents requiring restraints.	40	44.4	39.3	41.3
Confused or disoriented residents.	60	66.7	50.6	58.4
Residents with bed sores.	8	8.9	7.3	7.1
Residents receiving special skin care.	90	100	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDARGATE

Street Address: HIGHWAY PP RR POB 608		City and State: POPLAR BLUFF MO 63901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 108	Type of Ownership: PROPRIETARY	Survey Date: 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 1	Medicaid Residents: 89	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	82.2	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	83.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	77.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	84.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	80.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	32.7	36.9	37.7
Completely bedfast residents.	4	3.7	3.0	3.4
Residents confined to chairs.	33	30.8	45.4	50.8
Residents requiring restraints.	49	45.8	39.3	41.3
Confused or disoriented residents.	56	52.3	50.6	58.4
Residents with bed sores.	4	3.7	7.3	7.1
Residents receiving special skin care.	10	9.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LUCY LEE HSP SKILLED NUR CR UNIT

Street Address:		City and State:	
2620 NO WESTWOOD BOULEVARD		POPLAR BLUFF MO 63901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	16	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
7	7	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	7	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	85.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	57.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	6	85.7	45.4	50.8
Residents requiring restraints.	5	71.4	39.3	41.3
Confused or disoriented residents.	4	57.1	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTWOOD HILLS HEALTH CARE CENTER

Street Address:		City and State:	
HWY 67 SOUTH P O BOX 1328		POPLAR BLUFF MO 63901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	0	100		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	80.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	84.3	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	75.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	69.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	76.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	40.9	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	39	33.9	45.4	50.8
Residents requiring restraints.	62	53.9	39.3	41.3
Confused or disoriented residents.	75	65.2	50.6	58.4
Residents with bed sores.	4	3.5	7.3	7.1
Residents receiving special skin care.	16	13.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GEORGIAN GARDENS

Street Address:		City and State:	
1 GEORGIAN GARDENS DRIVE		POTOSI MO 63664	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	0	107	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	81.5	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	81.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	52.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	49.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	27	22.7	45.4	50.8
Residents requiring restraints.	54	45.4	39.3	41.3
Confused or disoriented residents.	40	33.6	50.6	58.4
Residents with bed sores.	2	1.7	7.3	7.1
Residents receiving special skin care.	2	1.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRINCETON CARE CENTER INC

Street Address:		City and State:	
PO BOX 147-RR 2-BOX 255		PRINCETON MO 64673	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
58	0	28		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	98.3	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	70.7	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	69.0	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	98.3	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	75.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	7	12.1	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	27.6	33.1	29.3
Completely bedfast residents.	1	1.7	2.0	3.6
Residents confined to chairs.	18	31.0	40.6	39.1
Residents requiring restraints.	26	44.8	35.5	31.7
Confused or disoriented residents.	42	72.4	49.0	55.8
Residents with bed sores.	5	8.6	5.7	4.7
Residents receiving special skin care.	18	31.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PUXICO NURSING CENTER

Street Address: P O BOX P		City and State: PUXICO MO 63960	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 0	Medicaid Residents: 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	89.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	76.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	66.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	66.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	66.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	5.1	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	41.0	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	1	2.6	40.6	39.1
Residents requiring restraints.	29	74.4	35.5	31.7
Confused or disoriented residents.	19	48.7	49.0	55.8
Residents with bed sores.	5	12.8	5.7	4.7
Residents receiving special skin care.	20	51.3	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCHUYLER CO NH

Street Address: HWY 63 N		City and State: QUEEN CITY MO 63561	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	Medicare Residents: 0	Medicaid Residents: 36	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	92.2	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	94.1	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	78.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	76.5	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	80.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	35.3	33.1	29.3
Completely bedfast residents.	3	5.9	2.0	3.6
Residents confined to chairs.	40	78.4	40.6	39.1
Residents requiring restraints.	31	60.8	35.5	31.7
Confused or disoriented residents.	36	70.6	49.0	55.8
Residents with bed sores.	5	9.8	5.7	4.7
Residents receiving special skin care.	32	62.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOXWOOD SPRINGS LIVING CTR

Street Address:		City and State:	
PO BOX 370		RAYMORE MO 64083	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	NON-PROFIT RELIGIOUS	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	22		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	88.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	66.1	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	89.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	61.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	42.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	5.1	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	54.2	36.9	37.7
Completely bedfast residents.	1	1.7	3.0	3.4
Residents confined to chairs.	17	28.8	45.4	50.8
Residents requiring restraints.	14	23.7	39.3	41.3
Confused or disoriented residents.	14	23.7	50.6	58.4
Residents with bed sores.	8	13.6	7.3	7.1
Residents receiving special skin care.	38	64.4	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOWEN HEALTH CTR

Street Address:		City and State:	
6124 RAYTOWN RD		RAYTOWN MO 64133	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	92	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
28	0	18		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	89.3	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	89.3	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	82.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	85.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	85.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	9	32.1	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	42.9	33.1	29.3
Completely bedfast residents.	2	7.1	2.0	3.6
Residents confined to chairs.	20	71.4	40.6	39.1
Residents requiring restraints.	16	57.1	35.5	31.7
Confused or disoriented residents.	24	85.7	49.0	55.8
Residents with bed sores.	2	7.1	5.7	4.7
Residents receiving special skin care.	24	85.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE VILL PARK PLACE MEADOWS

Street Address:		City and State:	
11901 JESSICA LANE		RAYTOWN MO 64138	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
113	0	67	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	81.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	94.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	78.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	74.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	62.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	24.8	36.9	37.7
Completely bedfast residents.	4	3.5	3.0	3.4
Residents confined to chairs.	6	5.3	45.4	50.8
Residents requiring restraints.	57	50.4	39.3	41.3
Confused or disoriented residents.	49	43.4	50.6	58.4
Residents with bed sores.	9	8.0	7.3	7.1
Residents receiving special skin care.	23	20.4	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REPUBLIC PARK CARE CENTER

Street Address:		City and State:	
901 EAST HWY 174		REPUBLIC MO 65738	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	NON-PROFIT PRIVATE	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	50.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	0	0.0	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	1	50.0	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

RAY COUNTY MEMORIAL HOSPITAL

Street Address:		City and State:	
RT 4 BOX 45		RICHMOND MO 64085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	11	LOCAL GOVERNMENT	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
3	2	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	66.7	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	66.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	66.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	33.3	36.9	37.7
Completely bedfast residents.	1	33.3	3.0	3.4
Residents confined to chairs.	0	0.0	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	0	0.0	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1399	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHIRKEY LEISURE ACRES

Street Address:		City and State:	
HWY 13 S		RICHMOND MO 64085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	140	NON-PROFIT OTHER	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
138	0	62	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	94.2	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	123	89.1	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	105	76.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	77.5	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	45.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	0.7	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	33.3	33.1	29.3
Completely bedfast residents.	1	0.7	2.0	3.6
Residents confined to chairs.	80	58.0	40.6	39.1
Residents requiring restraints.	70	50.7	35.5	31.7
Confused or disoriented residents.	64	46.4	49.0	55.8
Residents with bed sores.	13	9.4	5.7	4.7
Residents receiving special skin care.	116	84.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT VIEW NH

Street Address:		City and State:	
RT 1 BOX B		ROCK PORT MO 64482	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	PROPRIETARY	05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
86	0	43	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	97.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	69.8	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	69.8	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	46.5	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	39.5	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	17	19.8	40.6	39.1
Residents requiring restraints.	17	19.8	35.5	31.7
Confused or disoriented residents.	18	20.9	49.0	55.8
Residents with bed sores.	3	3.5	5.7	4.7
Residents receiving special skin care.	13	15.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIGROUP HERITAGE PARK

Street Address:		City and State:	
1200 MCCUTCHEN ROAD		ROLLA MO 65401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
115	0	115	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	98.3	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	82.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	28.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	82.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	61.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	45.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	82	71.3	45.4	50.8
Residents requiring restraints.	59	51.3	39.3	41.3
Confused or disoriented residents.	59	51.3	50.6	58.4
Residents with bed sores.	24	20.9	7.3	7.1
Residents receiving special skin care.	41	35.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRESBYTERIAN MANOR AT ROLLA

Street Address:		City and State:	
1200 HOMELIFE PLAZA		ROLLA MO 65401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	30	NON-PROFIT RELIGIOUS	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
26	0	26	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	88.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	84.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	92.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	92.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	7.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	23.1	36.9	37.7
Completely bedfast residents.	1	3.8	3.0	3.4
Residents confined to chairs.	8	30.8	45.4	50.8
Residents requiring restraints.	5	19.2	39.3	41.3
Confused or disoriented residents.	10	38.5	50.6	58.4
Residents with bed sores.	1	3.8	7.3	7.1
Residents receiving special skin care.	6	23.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROLLA MANOR CARE CENTER

Street Address:		City and State:	
1800 WITE COLUMNS DRIVE		ROLLA MO 65401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
86	2	50		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	89.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	89.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	68.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	72.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	37.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	7.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	14.0	36.9	37.7
Completely bedfast residents.	1	1.2	3.0	3.4
Residents confined to chairs.	18	20.9	45.4	50.8
Residents requiring restraints.	17	19.8	39.3	41.3
Confused or disoriented residents.	31	36.0	50.6	58.4
Residents with bed sores.	6	7.0	7.3	7.1
Residents receiving special skin care.	30	34.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SALEM CARE CENTER

Street Address:		City and State:	
1000 NORTH JACKSON		SALEM MO 65560	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	97.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	67.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	32.5	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	60.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	32.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	30.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	14	35.0	45.4	50.8
Residents requiring restraints.	12	30.0	39.3	41.3
Confused or disoriented residents.	26	65.0	50.6	58.4
Residents with bed sores.	7	17.5	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE SEVILLE NURSING CENTER

Street Address:		City and State:	
HWY 72 NORTH PO BOX 311		SALEM MO 65560	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	90	PROPRIETARY	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
90	0	90		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	91.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	66.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	61.1	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	53.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	48.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	41.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	43	47.8	45.4	50.8
Residents requiring restraints.	10	11.1	39.3	41.3
Confused or disoriented residents.	21	23.3	50.6	58.4
Residents with bed sores.	5	5.6	7.3	7.1
Residents receiving special skin care.	25	27.8	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIGROUP CHARITON PARK

Street Address:		City and State:	
902 MANOR DRIVE		SALISBURY MO 65281	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
70	0	48	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	100	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	84.3	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	64.3	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	64.3	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	64.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	32.9	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	49	70.0	40.6	39.1
Residents requiring restraints.	0	0.0	35.5	31.7
Confused or disoriented residents.	56	80.0	49.0	55.8
Residents with bed sores.	2	2.9	5.7	4.7
Residents receiving special skin care.	17	24.3	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAVERNA VILLAGE NH

Street Address:		City and State:	
904 HALL AVE		SAVANNAH MO 64485	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	NON-PROFIT RELIGIOUS	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	0	42		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	100	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	118	100	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	76	64.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	84.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	37.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	22.9	33.1	29.3
Completely bedfast residents.	1	0.8	2.0	3.6
Residents confined to chairs.	47	39.8	40.6	39.1
Residents requiring restraints.	40	33.9	35.5	31.7
Confused or disoriented residents.	44	37.3	49.0	55.8
Residents with bed sores.	2	1.7	5.7	4.7
Residents receiving special skin care.	8	6.8	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHADY LAWN

Street Address: P O BOX 209		City and State: SAVANNAH MO 64485	
Participation: MEDICAID ICF	# of Beds: 88	Type of Ownership: PROPRIETARY	Survey Date: 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 0	Medicaid Residents: 54		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	82.6	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	60.5	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	47.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	36.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	40.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	34.9	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	19	22.1	40.6	39.1
Residents requiring restraints.	28	32.6	35.5	31.7
Confused or disoriented residents.	31	36.0	49.0	55.8
Residents with bed sores.	4	4.7	5.7	4.7
Residents receiving special skin care.	35	40.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKING PARK GERIATRIC CTR

Street Address:		City and State:	
PO BOX 1667		SEDALIA MO 65301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	198	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
189	0	189		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	69.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	74.1	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	71.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	65.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	59.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	19.6	36.9	37.7
Completely bedfast residents.	1	0.5	3.0	3.4
Residents confined to chairs.	13	6.9	45.4	50.8
Residents requiring restraints.	76	40.2	39.3	41.3
Confused or disoriented residents.	53	28.0	50.6	58.4
Residents with bed sores.	7	3.7	7.3	7.1
Residents receiving special skin care.	41	21.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

REST HAVEN CONV + RET HOME

Street Address:		City and State:	
1800 S INGRAM		SEDALIA MO 65301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	79	PROPRIETARY	03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	77.9	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	77.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	67.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	61.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	41.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	4	5.9	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	36.8	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	42	61.8	40.6	39.1
Residents requiring restraints.	14	20.6	35.5	31.7
Confused or disoriented residents.	16	23.5	49.0	55.8
Residents with bed sores.	8	11.8	5.7	4.7
Residents receiving special skin care.	12	17.6	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SENATH NURSING HOME

Street Address:		City and State:	
HIGHWAY 25 BOX Q		SENATH MO 63876	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	0	93		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	82.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	81.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	82.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	83.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	52.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.6	36.9	37.7
Completely bedfast residents.	3	2.6	3.0	3.4
Residents confined to chairs.	33	28.7	45.4	50.8
Residents requiring restraints.	56	48.7	39.3	41.3
Confused or disoriented residents.	81	70.4	50.6	58.4
Residents with bed sores.	3	2.6	7.3	7.1
Residents receiving special skin care.	1	0.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SALT RIVER NURSING HOME

Street Address:		City and State:	
P O BOX 529 503 N LIVINGSTON		SHELBY MO 63468	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	LOCAL GOVERNMENT	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
118	0	118			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		98	83.1	82.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		100	84.7	80.2	76.7
Toileting					
Residents requiring some or total assistance in toileting.		101	85.6	67.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		101	85.6	69.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		82	69.5	61.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	22.9	33.1	29.3
Completely bedfast residents.		3	2.5	2.0	3.6
Residents confined to chairs.		52	44.1	40.6	39.1
Residents requiring restraints.		45	38.1	35.5	31.7
Confused or disoriented residents.		42	35.6	49.0	55.8
Residents with bed sores.		7	5.9	5.7	4.7
Residents receiving special skin care.		38	32.2	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MISSOURI DELTA MEDICAL CENTER SNF

Street Address:		City and State:	
1008 NORTH MAIN STREET		SIKESTON MO 63801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	14	NON-PROFIT OTHER	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
14	14	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	50.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	7	50.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	50.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	50.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	35.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	21.4	36.9	37.7
Completely bedfast residents.	1	7.1	3.0	3.4
Residents confined to chairs.	1	7.1	45.4	50.8
Residents requiring restraints.	1	7.1	39.3	41.3
Confused or disoriented residents.	0	0.0	50.6	58.4
Residents with bed sores.	1	7.1	7.3	7.1
Residents receiving special skin care.	3	21.4	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEMO CARE CENTER

Street Address:		City and State:	
509 RUTH		SIKESTON MO 63801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	82	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
36	0	33	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	2.8	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	69.4	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	66.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	69.4	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	33.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	5.6	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	30.6	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	13	36.1	40.6	39.1
Residents requiring restraints.	11	30.6	35.5	31.7
Confused or disoriented residents.	28	77.8	49.0	55.8
Residents with bed sores.	1	2.8	5.7	4.7
Residents receiving special skin care.	8	22.2	27.7	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIKESTON CONVALESCENT CTR

Street Address:		City and State:	
103 KENNEDY DR		SIKESTON MO 63801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
105	0	57	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	99.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	78.1	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	68.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	63.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	62.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	27.6	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	12	11.4	45.4	50.8
Residents requiring restraints.	47	44.8	39.3	41.3
Confused or disoriented residents.	34	32.4	50.6	58.4
Residents with bed sores.	9	8.6	7.3	7.1
Residents receiving special skin care.	20	19.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIKESTON HEALTH CARE, INC

Street Address:		City and State:	
ROUTE 3, BOX 827		SIKESTON MO 63801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	PROPRIETARY	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
72	0	63	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	56.9	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	81.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	68.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	52.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	83.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	40.3	33.1	29.3
Completely bedfast residents.	6	8.3	2.0	3.6
Residents confined to chairs.	39	54.2	40.6	39.1
Residents requiring restraints.	31	43.1	35.5	31.7
Confused or disoriented residents.	59	81.9	49.0	55.8
Residents with bed sores.	1	1.4	5.7	4.7
Residents receiving special skin care.	72	100	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIKESTON NURSING CENTER

Street Address:		City and State:	
628 NW		SIKESTON MO 63801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
80	0	78	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	90.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	90.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	70.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	63.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	78.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	58.7	36.9	37.7
Completely bedfast residents.	8	10.0	3.0	3.4
Residents confined to chairs.	40	50.0	45.4	50.8
Residents requiring restraints.	28	35.0	39.3	41.3
Confused or disoriented residents.	29	36.2	50.6	58.4
Residents with bed sores.	2	2.5	7.3	7.1
Residents receiving special skin care.	3	3.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILEX NURSING CENTER

Street Address:		City and State:	
RURAL ROUTE 1, BOX 108		SILEX MO 63377	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	04/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
56	0	50	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	64.3	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	73.2	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	73.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	73.2	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	62.5	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	33.9	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	36	64.3	40.6	39.1
Residents requiring restraints.	36	64.3	35.5	31.7
Confused or disoriented residents.	54	96.4	49.0	55.8
Residents with bed sores.	3	5.4	5.7	4.7
Residents receiving special skin care.	5	8.9	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SMITHVILLE CONVALESCENT CENTER

Street Address:		City and State:	
HIGHWAY 169 NORTH		SMITHVILLE MO 64089	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT OTHER	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	62.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	83.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	77.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	75.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	73.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	34.0	36.9	37.7
Completely bedfast residents.	2	2.1	3.0	3.4
Residents confined to chairs.	69	71.1	45.4	50.8
Residents requiring restraints.	23	23.7	39.3	41.3
Confused or disoriented residents.	42	43.3	50.6	58.4
Residents with bed sores.	9	9.3	7.3	7.1
Residents receiving special skin care.	48	49.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPELMAN MEMORIAL HOSPITAL (SNF)

Street Address:		City and State:	
601 SOUTH 169 HWY POB 289		SMITHVILLE MO 64089	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	16	NON-PROFIT PRIVATE	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	0	0.0	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	0	0.0	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA FREMONT

Street Address:		City and State:	
2915 S FREMONT		SPRINGFIELD MO 65804	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	194	NON-PROFIT OTHER	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
57	0	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	87.7	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	80.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	68.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	64.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	68.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	31.6	36.9	37.7
Completely bedfast residents.	3	5.3	3.0	3.4
Residents confined to chairs.	25	43.9	45.4	50.8
Residents requiring restraints.	19	33.3	39.3	41.3
Confused or disoriented residents.	45	78.9	50.6	58.4
Residents with bed sores.	3	5.3	7.3	7.1
Residents receiving special skin care.	7	12.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOSTER'S NURSING HOME

Street Address:		City and State:	
1610 NORTH BROADWAY		SPRINGFIELD MO 65803	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
88	0	62	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	79.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	60.2	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	81.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	55.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.3	36.9	37.7
Completely bedfast residents.	3	3.4	3.0	3.4
Residents confined to chairs.	10	11.4	45.4	50.8
Residents requiring restraints.	28	31.8	39.3	41.3
Confused or disoriented residents.	24	27.3	50.6	58.4
Residents with bed sores.	3	3.4	7.3	7.1
Residents receiving special skin care.	13	14.8	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENE HAVEN

Street Address:		City and State:	
910 SO W AVE		SPRINGFIELD MO 65802	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
104	0	82		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	97.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	87.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	55.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	81.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	65.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	10	9.6	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	28.8	36.9	37.7
Completely bedfast residents.	30	28.8	3.0	3.4
Residents confined to chairs.	57	54.8	45.4	50.8
Residents requiring restraints.	42	40.4	39.3	41.3
Confused or disoriented residents.	46	44.2	50.6	58.4
Residents with bed sores.	6	5.8	7.3	7.1
Residents receiving special skin care.	23	22.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONVALESCENT CTR

Street Address:		City and State:	
1911 S NATIONAL AVE		SPRINGFIELD MO 65804	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	168	NON-PROFIT OTHER	02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
153	40	113		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	78.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	84.3	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	78.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	84.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	65.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	23.5	36.9	37.7
Completely bedfast residents.	10	6.5	3.0	3.4
Residents confined to chairs.	84	54.9	45.4	50.8
Residents requiring restraints.	55	35.9	39.3	41.3
Confused or disoriented residents.	62	40.5	50.6	58.4
Residents with bed sores.	7	4.6	7.3	7.1
Residents receiving special skin care.	82	53.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LESTER E COX MEDICAL CENTER

Street Address:		City and State:	
1432 NORTH JEFFERSON		SPRINGFIELD MO 65802	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	26	NON-PROFIT OTHER	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
15	14	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	15	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	86.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	86.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	40.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	20.0	36.9	37.7
Completely bedfast residents.	2	13.3	3.0	3.4
Residents confined to chairs.	5	33.3	45.4	50.8
Residents requiring restraints.	2	13.3	39.3	41.3
Confused or disoriented residents.	2	13.3	50.6	58.4
Residents with bed sores.	4	26.7	7.3	7.1
Residents receiving special skin care.	4	26.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARANATHA VILLAGE

Street Address:		City and State:	
233 E NORTON		SPRINGFIELD MO 65803	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	285	NON-PROFIT RELIGIOUS	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
274	0	165

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	211	77.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	222	81.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	181	66.1	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	62.4	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	149	54.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	1.5	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	94	34.3	36.9	37.7
Completely bedfast residents.	16	5.8	3.0	3.4
Residents confined to chairs.	117	42.7	45.4	50.8
Residents requiring restraints.	67	24.5	39.3	41.3
Confused or disoriented residents.	140	51.1	50.6	58.4
Residents with bed sores.	7	2.6	7.3	7.1
Residents receiving special skin care.	39	14.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MT VERNON PARK CARE CENTER

Street Address:		City and State:	
3403 WEST MT VERNON		SPRINGFIELD MO 65802	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
176	0	126		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	85.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	124	70.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	69.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	67.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	71.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	29.0	36.9	37.7
Completely bedfast residents.	2	1.1	3.0	3.4
Residents confined to chairs.	87	49.4	45.4	50.8
Residents requiring restraints.	43	24.4	39.3	41.3
Confused or disoriented residents.	103	58.5	50.6	58.4
Residents with bed sores.	16	9.1	7.3	7.1
Residents receiving special skin care.	8	4.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MT VERNON PARK CARE CTR WEST INC

Street Address:		City and State:	
3403A WEST MT VERNON		SPRINGFIELD MO 65802	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	40	PROPRIETARY	04/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	43.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	14	35.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	15.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	41.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	56.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	23.1	36.9	37.7
Completely bedfast residents.	1	2.6	3.0	3.4
Residents confined to chairs.	3	7.7	45.4	50.8
Residents requiring restraints.	1	2.6	39.3	41.3
Confused or disoriented residents.	2	5.1	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	6	15.4	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHSIDE NURSING CENTER

Street Address:		City and State:	
1347 E VALLEY WATER MILL ROAD		SPRINGFIELD MO 65803	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	02/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
174	1	133		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	86.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	86.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	47.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	80.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	47.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	4.6	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	49.4	36.9	37.7
Completely bedfast residents.	9	5.2	3.0	3.4
Residents confined to chairs.	65	37.4	45.4	50.8
Residents requiring restraints.	39	22.4	39.3	41.3
Confused or disoriented residents.	86	49.4	50.6	58.4
Residents with bed sores.	17	9.8	7.3	7.1
Residents receiving special skin care.	73	42.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRINGFIELD COMMUNITY HOSPITAL

Street Address:		City and State:	
3535 SOUTH NATIONAL		SPRINGFIELD MO 65807	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	16	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
10	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	50.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	90.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	80.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	80.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	60.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	20.0	36.9	37.7
Completely bedfast residents.	1	10.0	3.0	3.4
Residents confined to chairs.	1	10.0	45.4	50.8
Residents requiring restraints.	1	10.0	39.3	41.3
Confused or disoriented residents.	2	20.0	50.6	58.4
Residents with bed sores.	2	20.0	7.3	7.1
Residents receiving special skin care.	3	30.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRINGFIELD HEALTH CARE CTR

Street Address:		City and State:	
2800 SOUTH FORT		SPRINGFIELD MO 65807	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
113	1	94		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	96.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	72.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	71.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	67.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	56.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	29.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	25	22.1	45.4	50.8
Residents requiring restraints.	34	30.1	39.3	41.3
Confused or disoriented residents.	18	15.9	50.6	58.4
Residents with bed sores.	3	2.7	7.3	7.1
Residents receiving special skin care.	24	21.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRINGFIELD RESIDENTIAL CENTER

Street Address:		City and State:	
2401 WEST GRAND		SPRINGFIELD MO 65802	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	154	PROPRIETARY	05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
2	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	50.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	0	0.0	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	0	0.0	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	2	100	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

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NURSING HOME PROFILE

ST JOHN'S REGIONAL HEALTH CENTER

Street Address:		City and State:	
1235 EAST CHEROKEE		SPRINGFIELD MO 65804	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	14	NON-PROFIT RELIGIOUS	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
8	8	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	75.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	37.5	36.9	37.7
Completely bedfast residents.	2	25.0	3.0	3.4
Residents confined to chairs.	6	75.0	45.4	50.8
Residents requiring restraints.	1	12.5	39.3	41.3
Confused or disoriented residents.	5	62.5	50.6	58.4
Residents with bed sores.	1	12.5	7.3	7.1
Residents receiving special skin care.	3	37.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHARLEVOIX NURSING CENTER

Street Address:		City and State:	
1221 BOONSLICK RD		ST CHARLES MO 63301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
115	0	69	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	86.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	91.3	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	91.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	89.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	62.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	32.2	36.9	37.7
Completely bedfast residents.	10	8.7	3.0	3.4
Residents confined to chairs.	54	47.0	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	47	40.9	50.6	58.4
Residents with bed sores.	9	7.8	7.3	7.1
Residents receiving special skin care.	50	43.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLAYWEST HOUSE

Street Address:		City and State:	
2840 W CLAY		ST CHARLES MO 63301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
163	2	91		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	78.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	154	94.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	84.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	81.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	77.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	41.1	36.9	37.7
Completely bedfast residents.	6	3.7	3.0	3.4
Residents confined to chairs.	78	47.9	45.4	50.8
Residents requiring restraints.	102	62.6	39.3	41.3
Confused or disoriented residents.	113	69.3	50.6	58.4
Residents with bed sores.	16	9.8	7.3	7.1
Residents receiving special skin care.	62	38.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKSIDE MEADOWS INC

Street Address:		City and State:	
2150 WEST RANDOLPH		ST CHARLES MO 63301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	61	NON-PROFIT RELIGIOUS	04/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
61	0	29	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	98.4	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	91.8	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	54	88.5	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	88.5	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	82.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	52.5	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	51	83.6	40.6	39.1
Residents requiring restraints.	37	60.7	35.5	31.7
Confused or disoriented residents.	22	36.1	49.0	55.8
Residents with bed sores.	7	11.5	5.7	4.7
Residents receiving special skin care.	26	42.6	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CHARLES HEALTH CARE CTR

Street Address:		City and State:	
P O BOX 1230 SUGAR MAPLE LANE		ST CHARLES MO 63301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
109	4	72	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	97.2	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	89.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	86.2	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	78.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	80.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	48.6	36.9	37.7
Completely bedfast residents.	2	1.8	3.0	3.4
Residents confined to chairs.	86	78.9	45.4	50.8
Residents requiring restraints.	49	45.0	39.3	41.3
Confused or disoriented residents.	52	47.7	50.6	58.4
Residents with bed sores.	15	13.8	7.3	7.1
Residents receiving special skin care.	45	41.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CLAIR NURSING CENTER

Street Address:		City and State:	
1035 PLAZA COURT NORTH		ST CLAIR MO 63077	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	15	PROPRIETARY	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	50.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	1	50.0	45.4	50.8
Residents requiring restraints.	1	50.0	39.3	41.3
Confused or disoriented residents.	1	50.0	50.6	58.4
Residents with bed sores.	1	50.0	7.3	7.1
Residents receiving special skin care.	1	50.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ELIZABETH CARE CENTER

Street Address:		City and State:	
ROUTE 1 BOX 22		ST ELIZABETH MO 65075	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
57	0	44	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	94.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	80.7	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	80.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	80.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	80.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	19.3	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	20	35.1	40.6	39.1
Residents requiring restraints.	30	52.6	35.5	31.7
Confused or disoriented residents.	35	61.4	49.0	55.8
Residents with bed sores.	3	5.3	5.7	4.7
Residents receiving special skin care.	35	61.4	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERVIEW MANOR NH

Street Address:		City and State:	
PO BOX 151 4TH & MATTHEWS DRIVE		ST GENEVIEVE MO 63670	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	LOCAL GOVERNMENT	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	9.3	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	94	79.7	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	70	59.3	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	82.2	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	52.5	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.7	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	30	25.4	40.6	39.1
Residents requiring restraints.	57	48.3	35.5	31.7
Confused or disoriented residents.	51	43.2	49.0	55.8
Residents with bed sores.	8	6.8	5.7	4.7
Residents receiving special skin care.	19	16.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JAMES NURSING CENTER

Street Address:		City and State:	
SIDNEY STREET BOX 69		ST JAMES MO 65559	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	85.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	80.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	67.1	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	90.2	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	74.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	36.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	53	64.6	45.4	50.8
Residents requiring restraints.	50	61.0	39.3	41.3
Confused or disoriented residents.	39	47.6	50.6	58.4
Residents with bed sores.	10	12.2	7.3	7.1
Residents receiving special skin care.	56	68.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR

Street Address:		City and State:	
1317 N 36TH		ST JOSEPH MO 64506	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
107	0	95	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	72.9	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	71.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	75	70.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	70.1	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	71.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	16.8	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	40	37.4	40.6	39.1
Residents requiring restraints.	43	40.2	35.5	31.7
Confused or disoriented residents.	15	14.0	49.0	55.8
Residents with bed sores.	5	4.7	5.7	4.7
Residents receiving special skin care.	53	49.5	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARRIAGE SQUARE HEALTH CARE CTR

Street Address:		City and State:	
4009 GENE FIELD		ST JOSEPH MO 64506	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
111	0	78	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	57.7	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	74.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	55.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	56.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	48.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	6.3	36.9	37.7
Completely bedfast residents.	3	2.7	3.0	3.4
Residents confined to chairs.	61	55.0	45.4	50.8
Residents requiring restraints.	46	41.4	39.3	41.3
Confused or disoriented residents.	43	38.7	50.6	58.4
Residents with bed sores.	3	2.7	7.3	7.1
Residents receiving special skin care.	19	17.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CITADEL HLTH CARE PAVILION

Street Address:		City and State:	
5026 FARAON		ST JOSEPH MO 64507	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	75.5	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	82.7	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	61.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	66.3	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	75.5	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	2.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.6	33.1	29.3
Completely bedfast residents.	1	1.0	2.0	3.6
Residents confined to chairs.	29	29.6	40.6	39.1
Residents requiring restraints.	31	31.6	35.5	31.7
Confused or disoriented residents.	60	61.2	49.0	55.8
Residents with bed sores.	3	3.1	5.7	4.7
Residents receiving special skin care.	37	37.8	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEARTLAND HOSPITAL WEST (SNF)

Street Address:		City and State:	
801 FARAON STREET		ST JOSEPH MO 64501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	159	NON-PROFIT RELIGIOUS	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
123	25	12		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	85.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	88.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	82.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	85.4	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	76.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	38.2	36.9	37.7
Completely bedfast residents.	7	5.7	3.0	3.4
Residents confined to chairs.	42	34.1	45.4	50.8
Residents requiring restraints.	49	39.8	39.3	41.3
Confused or disoriented residents.	57	46.3	50.6	58.4
Residents with bed sores.	13	10.6	7.3	7.1
Residents receiving special skin care.	53	43.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAXTON RIVERSIDE CARE CENTER

Street Address:		City and State:	
1616 WEISENBORN ROAD		ST JOSEPH MO 64501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	152	NON-PROFIT PRIVATE	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	96.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	90.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	73.3	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	10	16.7	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.0	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	13	21.7	40.6	39.1
Residents requiring restraints.	37	61.7	35.5	31.7
Confused or disoriented residents.	21	35.0	49.0	55.8
Residents with bed sores.	1	1.7	5.7	4.7
Residents receiving special skin care.	2	3.3	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH CONVALESCENT CENTER

Street Address:		City and State:	
811 NORTH 9TH		ST JOSEPH MO 64500	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	69	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
66	0	56	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	75.8	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	75.8	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	63.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	68.2	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	78.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	3	4.5	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	22.7	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	37	56.1	40.6	39.1
Residents requiring restraints.	23	34.8	35.5	31.7
Confused or disoriented residents.	54	81.8	49.0	55.8
Residents with bed sores.	6	9.1	5.7	4.7
Residents receiving special skin care.	3	4.5	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TIFFANY SQUARE CONV CTR

Street Address:		City and State:	
3002 NORTH 18TH		ST JOSEPH MO 64505	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	210	PROPRIETARY	03/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
197	0	140		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	180	91.4	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	152	77.2	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	127	64.5	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	72.6	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	61.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	197	100	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	21.3	33.1	29.3
Completely bedfast residents.	1	0.5	2.0	3.6
Residents confined to chairs.	61	31.0	40.6	39.1
Residents requiring restraints.	62	31.5	35.5	31.7
Confused or disoriented residents.	121	61.4	49.0	55.8
Residents with bed sores.	6	3.0	5.7	4.7
Residents receiving special skin care.	45	22.8	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALEXIAN BROTHERS HOSPITAL

Street Address:		City and State:	
3933 SOUTH BROADWAY		ST LOUIS MO 64118	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	23	NON-PROFIT RELIGIOUS	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
16	15	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	87.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	15	93.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	15	93.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	87.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	75.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	50.0	36.9	37.7
Completely bedfast residents.	6	37.5	3.0	3.4
Residents confined to chairs.	5	31.3	45.4	50.8
Residents requiring restraints.	3	18.8	39.3	41.3
Confused or disoriented residents.	5	31.3	50.6	58.4
Residents with bed sores.	8	50.0	7.3	7.1
Residents receiving special skin care.	4	25.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BERNARD WEST PINE NH

Street Address:		City and State:	
4335 WEST PINE		ST LOUIS MO 63108	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	141	PROPRIETARY	09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	71.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	90.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	81.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	88.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	71.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	6.1	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	44.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	97	74.0	45.4	50.8
Residents requiring restraints.	82	62.6	39.3	41.3
Confused or disoriented residents.	101	77.1	50.6	58.4
Residents with bed sores.	11	8.4	7.3	7.1
Residents receiving special skin care.	29	22.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA DILWORTH MEM HOME

Street Address:		City and State:	
9645 BIG BEND ROAD		ST LOUIS MO 63122	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	409	NON-PROFIT OTHER	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
58	0	58	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	98.3	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	91.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	91.4	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	87.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	62.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	16	27.6	45.4	50.8
Residents requiring restraints.	0	0.0	39.3	41.3
Confused or disoriented residents.	35	60.3	50.6	58.4
Residents with bed sores.	1	1.7	7.3	7.1
Residents receiving special skin care.	33	56.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA GEN HOSP SNF

Street Address:		City and State:	
3655 VISTA AVE		ST LOUIS MO 63110	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	28	NON-PROFIT OTHER	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	24	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	79.2	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	91.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	91.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	91.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	45.8	36.9	37.7
Completely bedfast residents.	4	16.7	3.0	3.4
Residents confined to chairs.	10	41.7	45.4	50.8
Residents requiring restraints.	10	41.7	39.3	41.3
Confused or disoriented residents.	11	45.8	50.6	58.4
Residents with bed sores.	6	25.0	7.3	7.1
Residents receiving special skin care.	6	25.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BIRCHWAY HEALTH CARE CENTER

Street Address:		City and State:	
4373 W PINE		ST LOUIS MO 63108	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	67	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
67	0	66		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	76.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	71.6	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	47.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	92.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	44.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	13	19.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	52.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	40	59.7	45.4	50.8
Residents requiring restraints.	20	29.9	39.3	41.3
Confused or disoriented residents.	23	34.3	50.6	58.4
Residents with bed sores.	5	7.5	7.3	7.1
Residents receiving special skin care.	16	23.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHRISTIAN HOSPITAL NORTHEAST

Street Address:		City and State:	
11133 DUNN ROAD		ST LOUIS MO 63136	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	16	NON-PROFIT PRIVATE	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
6	6	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	6	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	16.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	83.3	36.9	37.7
Completely bedfast residents.	2	33.3	3.0	3.4
Residents confined to chairs.	4	66.7	45.4	50.8
Residents requiring restraints.	1	16.7	39.3	41.3
Confused or disoriented residents.	2	33.3	50.6	58.4
Residents with bed sores.	2	33.3	7.3	7.1
Residents receiving special skin care.	4	66.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEACONESS MANOR ASSOC

Street Address:		City and State:	
6220 OAKLAND AVENUE		ST LOUIS MO 63139	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
112	5	28		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	87.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	92.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	83.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	17.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	81.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	32.1	36.9	37.7
Completely bedfast residents.	3	2.7	3.0	3.4
Residents confined to chairs.	76	67.9	45.4	50.8
Residents requiring restraints.	79	70.5	39.3	41.3
Confused or disoriented residents.	57	50.9	50.6	58.4
Residents with bed sores.	22	19.6	7.3	7.1
Residents receiving special skin care.	46	41.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELHAVEN NURSING CENTER

Street Address:		City and State:	
5460 DELMAR		ST LOUIS MO 63112	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	156	PROPRIETARY	03/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
142	0	137	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	81.0	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	136	95.8	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	124	87.3	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	82.4	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	136	95.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	6	4.2	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	51.4	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	4	2.8	40.6	39.1
Residents requiring restraints.	56	39.4	35.5	31.7
Confused or disoriented residents.	132	93.0	49.0	55.8
Residents with bed sores.	6	4.2	5.7	4.7
Residents receiving special skin care.	6	4.2	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELMAR GARDENS SOUTH

Street Address:		City and State:	
5300 BUTLER HILLS ROAD		ST LOUIS MO 63128	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
107	2	1		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	96.3	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	93.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	74.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	75.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	61.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	52.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	27	25.2	45.4	50.8
Residents requiring restraints.	39	36.4	39.3	41.3
Confused or disoriented residents.	45	42.1	50.6	58.4
Residents with bed sores.	5	4.7	7.3	7.1
Residents receiving special skin care.	50	46.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FERRIER HARRIS

Street Address:		City and State:	
3645 COOK AVENUE		ST LOUIS MO 63113	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	74.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	79.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	49.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	79.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	62.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	52.9	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	45	37.8	45.4	50.8
Residents requiring restraints.	50	42.0	39.3	41.3
Confused or disoriented residents.	72	60.5	50.6	58.4
Residents with bed sores.	5	4.2	7.3	7.1
Residents receiving special skin care.	25	21.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIENDSHIP VILL OF SOUTH COUNTY

Street Address:		City and State:	
12503 VILLAGE CIRCLE DR		ST LOUIS MO 63127	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT OTHER	04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	63.3	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	76.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	70.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	68.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	51.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	38.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	42	70.0	45.4	50.8
Residents requiring restraints.	27	45.0	39.3	41.3
Confused or disoriented residents.	31	51.7	50.6	58.4
Residents with bed sores.	3	5.0	7.3	7.1
Residents receiving special skin care.	14	23.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE INCARNATE WORD HOSPITAL

Street Address: 3545 LAFAYETTE		City and State: ST LOUIS MO 63104	
Participation: MEDICARE SNF	# of Beds: 26	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
18	16	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	11	61.1	84.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	15	83.3	81.7	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	13	72.2	70.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	83.3	72.8	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	10	55.6	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	1	5.6	3.6	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	6	33.3	36.9	37.7	
Completely bedfast residents.	1	5.6	3.0	3.4	
Residents confined to chairs.	4	22.2	45.4	50.8	
Residents requiring restraints.	2	11.1	39.3	41.3	
Confused or disoriented residents.	2	11.1	50.6	58.4	
Residents with bed sores.	8	44.4	7.3	7.1	
Residents receiving special skin care.	6	33.3	28.2	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LITTLE FLOWER NURSING HOME INC

Street Address:		City and State:	
2500 SOUTH 18TH ST		ST LOUIS MO 63104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	NON-PROFIT OTHER	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	67.9	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	92.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	75.0	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	51.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	46.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	3	5.4	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	23.2	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	14	25.0	40.6	39.1
Residents requiring restraints.	28	50.0	35.5	31.7
Confused or disoriented residents.	45	80.4	49.0	55.8
Residents with bed sores.	4	7.1	5.7	4.7
Residents receiving special skin care.	8	14.3	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LITTLE SISTERS OF THE POOR

Street Address:		City and State:	
3225 N FLORISSANT AVE		ST LOUIS MO 63107	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	112	NON-PROFIT RELIGIOUS	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
92	0	70	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	92.4	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	85.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	52.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	62.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	62.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	22.8	33.1	29.3
Completely bedfast residents.	1	1.1	2.0	3.6
Residents confined to chairs.	38	41.3	40.6	39.1
Residents requiring restraints.	23	25.0	35.5	31.7
Confused or disoriented residents.	36	39.1	49.0	55.8
Residents with bed sores.	4	4.3	5.7	4.7
Residents receiving special skin care.	18	19.6	27.7	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LUTHERAN ALTENHEIM SOCIETY OF MO

Street Address:		City and State:	
1265 MCLARAN AVE		ST LOUIS MO 63147	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	286	NON-PROFIT RELIGIOUS	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
201	0	201

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	189	94.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	178	88.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	78.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	176	87.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	3.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	21.4	36.9	37.7
Completely bedfast residents.	7	3.5	3.0	3.4
Residents confined to chairs.	92	45.8	45.4	50.8
Residents requiring restraints.	89	44.3	39.3	41.3
Confused or disoriented residents.	124	61.7	50.6	58.4
Residents with bed sores.	11	5.5	7.3	7.1
Residents receiving special skin care.	34	16.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARQUETTE MANOR

Street Address:		City and State:	
3419 GASCONADE ST		ST LOUIS MO 63118	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	148	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	42.4	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	105	89.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	78	66.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	70.3	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	57.6	61.4	59.1
Residents on individually written bowel and bladder retraining program.	5	4.2	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	36.4	33.1	29.3
Completely bedfast residents.	4	3.4	2.0	3.6
Residents confined to chairs.	41	34.7	40.6	39.1
Residents requiring restraints.	45	38.1	35.5	31.7
Confused or disoriented residents.	26	22.0	49.0	55.8
Residents with bed sores.	19	16.1	5.7	4.7
Residents receiving special skin care.	13	11.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARY QUEEN AND MOTHER CTR

Street Address:		City and State:	
7601 WATSON RD		ST LOUIS MO 63119	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	220	NON-PROFIT RELIGIOUS	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
212	0	124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	199	93.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	201	94.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	189	89.2	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	194	91.5	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	179	84.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	22	10.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	35.8	36.9	37.7
Completely bedfast residents.	8	3.8	3.0	3.4
Residents confined to chairs.	144	67.9	45.4	50.8
Residents requiring restraints.	95	44.8	39.3	41.3
Confused or disoriented residents.	151	71.2	50.6	58.4
Residents with bed sores.	10	4.7	7.3	7.1
Residents receiving special skin care.	115	54.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDICAL LODGE OF HALLS FERRY

Street Address: 2115 KAPPELL DR		City and State: ST LOUIS MO 63136	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 52
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	97.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	97.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	97.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	97.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	5.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	47.7	36.9	37.7
Completely bedfast residents.	1	1.1	3.0	3.4
Residents confined to chairs.	67	76.1	45.4	50.8
Residents requiring restraints.	36	40.9	39.3	41.3
Confused or disoriented residents.	60	68.2	50.6	58.4
Residents with bed sores.	7	8.0	7.3	7.1
Residents receiving special skin care.	37	42.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIGROUP OAK PARK INC

Street Address:		City and State:	
6637 BERTHOLD AVENUE		ST LOUIS MO 63139	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
117	0	76	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	60.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	47.0	36.9	37.7
Completely bedfast residents.	5	4.3	3.0	3.4
Residents confined to chairs.	0	0.0	45.4	50.8
Residents requiring restraints.	66	56.4	39.3	41.3
Confused or disoriented residents.	56	47.9	50.6	58.4
Residents with bed sores.	12	10.3	7.3	7.1
Residents receiving special skin care.	37	31.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCY CONVAL CTR

Street Address: 3450 RUSSELL		City and State: ST LOUIS MO 63104	
Participation: MEDICAID ICF	# of Beds: 254	Type of Ownership: PROPRIETARY	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 242	Medicare Residents: 0	Medicaid Residents: 207	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	171	70.7	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	198	81.8	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	154	63.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	64.5	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	64.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	0.4	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	26.9	33.1	29.3
Completely bedfast residents.	1	0.4	2.0	3.6
Residents confined to chairs.	75	31.0	40.6	39.1
Residents requiring restraints.	44	18.2	35.5	31.7
Confused or disoriented residents.	112	46.3	49.0	55.8
Residents with bed sores.	7	2.9	5.7	4.7
Residents receiving special skin care.	75	31.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHVIEW VILLAGE

Street Address:		City and State:	
2415 N KINGSHIGHWAY		ST LOUIS MO 63113	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	409	PROPRIETARY	04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
316	0	304

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	248	78.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	250	79.1	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	211	66.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	211	66.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	213	67.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	2.8	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	13.6	36.9	37.7
Completely bedfast residents.	1	0.3	3.0	3.4
Residents confined to chairs.	160	50.6	45.4	50.8
Residents requiring restraints.	43	13.6	39.3	41.3
Confused or disoriented residents.	220	69.6	50.6	58.4
Residents with bed sores.	22	7.0	7.3	7.1
Residents receiving special skin care.	46	14.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKSIDE TOWERS

Street Address:		City and State:	
4960 LACLEDE AVE		ST LOUIS MO 63108	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	166	PROPRIETARY	04/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
161	0	161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	77.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	93.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	58.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	77.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	46.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	45.3	36.9	37.7
Completely bedfast residents.	17	10.6	3.0	3.4
Residents confined to chairs.	71	44.1	45.4	50.8
Residents requiring restraints.	53	32.9	39.3	41.3
Confused or disoriented residents.	151	93.8	50.6	58.4
Residents with bed sores.	34	21.1	7.3	7.1
Residents receiving special skin care.	59	36.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REHABILITATION CENTER

Street Address:		City and State:	
10010 KENNERLY ROAD		ST LOUIS MO 63128	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	74	NON-PROFIT OTHER	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	23	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	86.7	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	96.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	76.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	10.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	40.0	36.9	37.7
Completely bedfast residents.	4	13.3	3.0	3.4
Residents confined to chairs.	23	76.7	45.4	50.8
Residents requiring restraints.	15	50.0	39.3	41.3
Confused or disoriented residents.	8	26.7	50.6	58.4
Residents with bed sores.	5	16.7	7.3	7.1
Residents receiving special skin care.	11	36.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ST JOHN'S MERCY MEDICAL CENTER

Street Address:		City and State:	
615 BALLAS ROAD SOUTH		ST LOUIS MO 63141	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	20	NON-PROFIT RELIGIOUS	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
13	12	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	69.2	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	7.7	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	12	92.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	92.3	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	69.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	15.4	36.9	37.7
Completely bedfast residents.	2	15.4	3.0	3.4
Residents confined to chairs.	8	61.5	45.4	50.8
Residents requiring restraints.	1	7.7	39.3	41.3
Confused or disoriented residents.	6	46.2	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	4	30.8	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWER VILLAGE

Street Address:		City and State:	
4518 BLAIR AVE		ST LOUIS MO 63107	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	268	NON-PROFIT OTHER	08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
252	0	251	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	202	80.2	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	207	82.1	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	157	62.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	73.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	161	63.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	11	4.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	131	52.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	167	66.3	45.4	50.8
Residents requiring restraints.	87	34.5	39.3	41.3
Confused or disoriented residents.	138	54.8	50.6	58.4
Residents with bed sores.	15	6.0	7.3	7.1
Residents receiving special skin care.	99	39.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

TRUMAN HARRY S RESTORATIVE CTR

Street Address:		City and State:	
5700 ARSENAL ST		ST LOUIS MO 63139	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	220	LOCAL GOVERNMENT	05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
207	0	172

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	170	82.1	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	187	90.3	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	166	80.2	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	81.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	79.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	92	44.4	36.9	37.7
Completely bedfast residents.	5	2.4	3.0	3.4
Residents confined to chairs.	128	61.8	45.4	50.8
Residents requiring restraints.	71	34.3	39.3	41.3
Confused or disoriented residents.	167	80.7	50.6	58.4
Residents with bed sores.	30	14.5	7.3	7.1
Residents receiving special skin care.	130	62.8	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLAGE NORTH INC

Street Address:		City and State:	
11160 VILLAGE NORTH DR		ST LOUIS MO 63136	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT OTHER	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
58	0	3	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	77.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	81.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	58.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.9	36.9	37.7
Completely bedfast residents.	3	5.2	3.0	3.4
Residents confined to chairs.	21	36.2	45.4	50.8
Residents requiring restraints.	32	55.2	39.3	41.3
Confused or disoriented residents.	39	67.2	50.6	58.4
Residents with bed sores.	8	13.8	7.3	7.1
Residents receiving special skin care.	17	29.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE VIEW MANOR

Street Address:		City and State:	
RR 2		STANBERRY MO 64489	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	80	NON-PROFIT OTHER	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	75.9	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	86.1	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	53.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	54.4	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	67.1	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	2.5	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	32.9	33.1	29.3
Completely bedfast residents.	2	2.5	2.0	3.6
Residents confined to chairs.	43	54.4	40.6	39.1
Residents requiring restraints.	6	7.6	35.5	31.7
Confused or disoriented residents.	42	53.2	49.0	55.8
Residents with bed sores.	6	7.6	5.7	4.7
Residents receiving special skin care.	37	46.8	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STE GENEVIEVE CARE CENTER INC

Street Address:		City and State:	
1010 STE GENEVIEVE DRIVE		STE GENEVIEVE MO 63670	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	PROPRIETARY	03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
40	0	11	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	87.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	90.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	75.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	60.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	67.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	37.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	20	50.0	45.4	50.8
Residents requiring restraints.	18	45.0	39.3	41.3
Confused or disoriented residents.	24	60.0	50.6	58.4
Residents with bed sores.	4	10.0	7.3	7.1
Residents receiving special skin care.	10	25.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER OAKS

Street Address: HIGHWAY 164 BOX 247		City and State: STEELE MO 63877	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 82	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	97.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	77.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	66.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	61.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	60.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	41.6	36.9	37.7
Completely bedfast residents.	5	5.6	3.0	3.4
Residents confined to chairs.	51	57.3	45.4	50.8
Residents requiring restraints.	43	48.3	39.3	41.3
Confused or disoriented residents.	42	47.2	50.6	58.4
Residents with bed sores.	6	6.7	7.3	7.1
Residents receiving special skin care.	21	23.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GIBBS CARE CTR

Street Address:		City and State:	
RT 2 BOX 590		STEELVILLE MO 65565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	93.0	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	38.6	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	57.9	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	66.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	73.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	28.1	33.1	29.3
Completely bedfast residents.	2	3.5	2.0	3.6
Residents confined to chairs.	5	8.8	40.6	39.1
Residents requiring restraints.	0	0.0	35.5	31.7
Confused or disoriented residents.	37	64.9	49.0	55.8
Residents with bed sores.	0	0.0	5.7	4.7
Residents receiving special skin care.	15	26.3	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STOCKTON NURSING HOME INC

Street Address:		City and State:	
DRAWER W		STOCKTON MO 65785	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	NON-PROFIT OTHER	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	100	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	102	87.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	88	75.9	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	77.6	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	64.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	16.4	33.1	29.3
Completely bedfast residents.	1	0.9	2.0	3.6
Residents confined to chairs.	46	39.7	40.6	39.1
Residents requiring restraints.	46	39.7	35.5	31.7
Confused or disoriented residents.	90	77.6	49.0	55.8
Residents with bed sores.	10	8.6	5.7	4.7
Residents receiving special skin care.	22	19.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE NURS HOME

Street Address:		City and State:	
3RD AND MIMOSA ST		STOVER MO 65078	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	LOCAL GOVERNMENT	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
57	0	26	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	100	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	70.2	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	47.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	57.9	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	45.6	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	19.3	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	14	24.6	40.6	39.1
Residents requiring restraints.	6	10.5	35.5	31.7
Confused or disoriented residents.	3	5.3	49.0	55.8
Residents with bed sores.	5	8.8	5.7	4.7
Residents receiving special skin care.	0	0.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SULLIVAN NURSING CENTER

Street Address:		City and State:	
875 DUNSFORD DRIVE		SULLIVAN MO 63080	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT OTHER	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
117	0	99	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	88.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	82.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	79.5	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	84.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	77.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	67.5	36.9	37.7
Completely bedfast residents.	11	9.4	3.0	3.4
Residents confined to chairs.	5	4.3	45.4	50.8
Residents requiring restraints.	69	59.0	39.3	41.3
Confused or disoriented residents.	37	31.6	50.6	58.4
Residents with bed sores.	8	6.8	7.3	7.1
Residents receiving special skin care.	51	43.6	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SWEET SPRINGS CARING CENTER

Street Address:		City and State:	
518 EAST MARSHALL		SWEET SPRINGS MO 65351	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
92	0	72	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	73.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	60.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	55.4	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	52.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	25.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	62	67.4	45.4	50.8
Residents requiring restraints.	49	53.3	39.3	41.3
Confused or disoriented residents.	29	31.5	50.6	58.4
Residents with bed sores.	9	9.8	7.3	7.1
Residents receiving special skin care.	5	5.4	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHESDA CARE CENTER

Street Address:		City and State:	
NORTH THIRD AND CEDAR STREETS		TARKIO MO 64491	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	95	NON-PROFIT OTHER	05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
81	0	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	76.5	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	67.9	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	61.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	72.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	66.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	3	3.7	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	28.4	33.1	29.3
Completely bedfast residents.	1	1.2	2.0	3.6
Residents confined to chairs.	22	27.2	40.6	39.1
Residents requiring restraints.	39	48.1	35.5	31.7
Confused or disoriented residents.	25	30.9	49.0	55.8
Residents with bed sores.	1	1.2	5.7	4.7
Residents receiving special skin care.	5	6.2	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHADY OAKS HEALTH CARE CENTER

Street Address:		City and State:	
715 HIGHWAY 19		THAYER MO 65791	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
110	0	84	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	83.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	84.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	63.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	63.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	60.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	21.8	36.9	37.7
Completely bedfast residents.	2	1.8	3.0	3.4
Residents confined to chairs.	16	14.5	45.4	50.8
Residents requiring restraints.	46	41.8	39.3	41.3
Confused or disoriented residents.	89	80.9	50.6	58.4
Residents with bed sores.	8	7.3	7.3	7.1
Residents receiving special skin care.	21	19.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TIPTON MANOR

Street Address:		City and State:	
WEST MORGAN ST		TIPTON MO 65081	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT OTHER	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	93.1	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	93.1	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	65.5	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	58.6	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	62.1	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	31.0	33.1	29.3
Completely bedfast residents.	9	15.5	2.0	3.6
Residents confined to chairs.	25	43.1	40.6	39.1
Residents requiring restraints.	9	15.5	35.5	31.7
Confused or disoriented residents.	39	67.2	49.0	55.8
Residents with bed sores.	2	3.4	5.7	4.7
Residents receiving special skin care.	13	22.4	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTVIEW MANOR RET CONV HOME

Street Address:		City and State:	
1622 EAST 28TH STREET		TRENTON MO 64683	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	98.9	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	62.2	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	66.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	44.4	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	60.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	15.6	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	30	33.3	40.6	39.1
Residents requiring restraints.	7	7.8	35.5	31.7
Confused or disoriented residents.	70	77.8	49.0	55.8
Residents with bed sores.	2	2.2	5.7	4.7
Residents receiving special skin care.	13	14.4	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNYVIEW NH

Street Address:		City and State:	
1311 E 28TH ST-PO BOX 657		TRENTON MO 64683	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	154	LOCAL GOVERNMENT	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
152	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	148	97.4	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	121	79.6	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	101	66.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	61.2	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	49.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	32.9	33.1	29.3
Completely bedfast residents.	5	3.3	2.0	3.6
Residents confined to chairs.	76	50.0	40.6	39.1
Residents requiring restraints.	54	35.5	35.5	31.7
Confused or disoriented residents.	90	59.2	49.0	55.8
Residents with bed sores.	15	9.9	5.7	4.7
Residents receiving special skin care.	23	15.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDICAL LODGE OF TROY

Street Address:		City and State:	
200 THOMPSON ROAD		TROY MO 63379	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
112	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	83.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	79.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	70.5	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	73.2	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	85.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	43.8	36.9	37.7
Completely bedfast residents.	6	5.4	3.0	3.4
Residents confined to chairs.	84	75.0	45.4	50.8
Residents requiring restraints.	58	51.8	39.3	41.3
Confused or disoriented residents.	69	61.6	50.6	58.4
Residents with bed sores.	9	8.0	7.3	7.1
Residents receiving special skin care.	36	32.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILLER COUNTY NURS HOME

Street Address:		City and State:	
STAR ROUTE BOX 20		TUSCUMBIA MO 65082	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	FEDERAL GOVERNMENT	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
53	0	33			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	100	82.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		50	94.3	80.2	76.7
Toileting					
Residents requiring some or total assistance in toileting.		34	64.2	67.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		33	62.3	69.7	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	94.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.		1	1.9	5.0	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	35.8	33.1	29.3
Completely bedfast residents.		2	3.8	2.0	3.6
Residents confined to chairs.		14	26.4	40.6	39.1
Residents requiring restraints.		21	39.6	35.5	31.7
Confused or disoriented residents.		30	56.6	49.0	55.8
Residents with bed sores.		3	5.7	5.7	4.7
Residents receiving special skin care.		20	37.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET NURSING AND RET HOME

Street Address:		City and State:	
400 W PARK AVE		UNION MO 63084	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	165	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
161	0	79		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	77.6	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	117	72.7	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	94	58.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	64.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	58.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	0.6	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	16.8	33.1	29.3
Completely bedfast residents.	4	2.5	2.0	3.6
Residents confined to chairs.	81	50.3	40.6	39.1
Residents requiring restraints.	36	22.4	35.5	31.7
Confused or disoriented residents.	49	30.4	49.0	55.8
Residents with bed sores.	8	5.0	5.7	4.7
Residents receiving special skin care.	34	21.1	27.7	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PUTNAM COUNTY CARE CTR

Street Address:		City and State:	
1814 OAK ST		UNIONVILLE MO 63565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	46	LOCAL GOVERNMENT	10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	97.8	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	95.6	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	80.0	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	77.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	75.6	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	33.3	33.1	29.3
Completely bedfast residents.	10	22.2	2.0	3.6
Residents confined to chairs.	28	62.2	40.6	39.1
Residents requiring restraints.	27	60.0	35.5	31.7
Confused or disoriented residents.	24	53.3	49.0	55.8
Residents with bed sores.	1	2.2	5.7	4.7
Residents receiving special skin care.	8	17.8	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PUTNAM COUNTY MEMORIAL HOSPITAL

Street Address:		City and State:	
1926 OAK STREET		UNIONVILLE MO 63565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	10	LOCAL GOVERNMENT	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
10	0	3	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	90.0	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	8	80.0	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	60.0	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	70.0	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	40.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	10.0	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	2	20.0	40.6	39.1
Residents requiring restraints.	0	0.0	35.5	31.7
Confused or disoriented residents.	2	20.0	49.0	55.8
Residents with bed sores.	0	0.0	5.7	4.7
Residents receiving special skin care.	0	0.0	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELMAR GARDENS EAST

Street Address:		City and State:	
894 LELAND ST		UNIVERSITY CITY MO 63130	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	128	NON-PROFIT OTHER	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
125	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	92.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	87.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	69.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	65.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	65.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	7.2	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	31.2	36.9	37.7
Completely bedfast residents.	3	2.4	3.0	3.4
Residents confined to chairs.	57	45.6	45.4	50.8
Residents requiring restraints.	41	32.8	39.3	41.3
Confused or disoriented residents.	56	44.8	50.6	58.4
Residents with bed sores.	9	7.2	7.3	7.1
Residents receiving special skin care.	9	7.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDARCROFT NURS HOME

Street Address:		City and State:	
110 HIGHLAND AVE		VALLEY PARK MO 63088	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	176	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
142	17	125		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	94.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	85.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	66.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	78.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	72.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.5	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	43.0	36.9	37.7
Completely bedfast residents.	11	7.7	3.0	3.4
Residents confined to chairs.	70	49.3	45.4	50.8
Residents requiring restraints.	59	41.5	39.3	41.3
Confused or disoriented residents.	81	57.0	50.6	58.4
Residents with bed sores.	7	4.9	7.3	7.1
Residents receiving special skin care.	47	33.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERWAYS MANOR

Street Address:		City and State:	
BOX 118 WATERCRESS ROAD		VAN BUREN MO 63965	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
51	0	44			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	50	98.0	84.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	41	80.4	81.7	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	33	64.7	70.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	56.9	72.8	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	28	54.9	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	1	2.0	3.6	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	15	29.4	36.9	37.7	
Completely bedfast residents.	0	0.0	3.0	3.4	
Residents confined to chairs.	25	49.0	45.4	50.8	
Residents requiring restraints.	28	54.9	39.3	41.3	
Confused or disoriented residents.	29	56.9	50.6	58.4	
Residents with bed sores.	2	3.9	7.3	7.1	
Residents receiving special skin care.	8	15.7	28.2	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TRI COUNTY NURSING HOME

Street Address:		City and State:	
601 N GALLOWAY RD		VANDALIA MO 63382	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	LOCAL GOVERNMENT	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	82.1	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	78.6	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	71.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	76.8	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	44.6	61.4	59.1
Residents on individually written bowel and bladder retraining program.	10	17.9	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	50.0	33.1	29.3
Completely bedfast residents.	0	0.0	2.0	3.6
Residents confined to chairs.	38	67.9	40.6	39.1
Residents requiring restraints.	15	26.8	35.5	31.7
Confused or disoriented residents.	24	42.9	49.0	55.8
Residents with bed sores.	6	10.7	5.7	4.7
Residents receiving special skin care.	25	44.6	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SHEPHERD NURSING HOME

Street Address:		City and State:	
PO BOX M FAIRGROUND ROAD		VERSAILLES MO 65084	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT OTHER	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
118	0	64			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		118	100	84.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		91	77.1	81.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		91	77.1	70.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		84	71.2	72.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		69	58.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.		4	3.4	3.6	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	28.0	36.9	37.7
Completely bedfast residents.		1	0.8	3.0	3.4
Residents confined to chairs.		31	26.3	45.4	50.8
Residents requiring restraints.		29	24.6	39.3	41.3
Confused or disoriented residents.		66	55.9	50.6	58.4
Residents with bed sores.		10	8.5	7.3	7.1
Residents receiving special skin care.		25	21.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MARIES MANOR NUR HOME

Street Address:		City and State:	
HCR 60 PO BOX 50AA		VIENNA MO 65582	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	107	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
88	0	68		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	96.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	83.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	69.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	72.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	69.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	24	27.3	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	54.5	36.9	37.7
Completely bedfast residents.	2	2.3	3.0	3.4
Residents confined to chairs.	38	43.2	45.4	50.8
Residents requiring restraints.	37	42.0	39.3	41.3
Confused or disoriented residents.	38	43.2	50.6	58.4
Residents with bed sores.	2	2.3	7.3	7.1
Residents receiving special skin care.	31	35.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JOHNSON COUNTY CARE CENTER

Street Address:		City and State:	
122 EAST MARKET STREET		WARRENSBURG MO 64093	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	87	PROPRIETARY	04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	93.3	82.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	81.3	80.2	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	58.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	70.7	69.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	46.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	5.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	24.0	33.1	29.3
Completely bedfast residents.	1	1.3	2.0	3.6
Residents confined to chairs.	44	58.7	40.6	39.1
Residents requiring restraints.	26	34.7	35.5	31.7
Confused or disoriented residents.	22	29.3	49.0	55.8
Residents with bed sores.	2	2.7	5.7	4.7
Residents receiving special skin care.	35	46.7	27.7	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGECREST NURSING CENTER

Street Address:		City and State:	
706 SOUTH MITCHELL		WARRENSBURG MO 64093	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
83	0	73	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	92.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	75.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	71.1	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	83.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	68.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	53.0	36.9	37.7
Completely bedfast residents.	9	10.8	3.0	3.4
Residents confined to chairs.	68	81.9	45.4	50.8
Residents requiring restraints.	37	44.6	39.3	41.3
Confused or disoriented residents.	52	62.7	50.6	58.4
Residents with bed sores.	10	12.0	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTERN MISSOURI MEDICAL CENTER

Street Address:		City and State:	
BURKARTH RD & EAST GAY STREET		WARRENSBURG MO 64093	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	14	LOCAL GOVERNMENT	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	11	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	90.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	90.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	90.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	72.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	27.3	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	54.5	36.9	37.7
Completely bedfast residents.	4	36.4	3.0	3.4
Residents confined to chairs.	5	45.5	45.4	50.6
Residents requiring restraints.	2	18.2	39.3	41.3
Confused or disoriented residents.	8	72.7	50.6	58.4
Residents with bed sores.	1	9.1	7.3	7.1
Residents receiving special skin care.	6	54.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FELLOWSHIP NURSING HOME INC

Street Address:		City and State:	
P O BOX 280 STATE HWY AA		WARRENTON MO 63383	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	0	97	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	42.0	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	79.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	77.3	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	82.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	62.2	36.9	37.7
Completely bedfast residents.	1	0.8	3.0	3.4
Residents confined to chairs.	73	61.3	45.4	50.8
Residents requiring restraints.	67	56.3	39.3	41.3
Confused or disoriented residents.	95	79.8	50.6	58.4
Residents with bed sores.	8	6.7	7.3	7.1
Residents receiving special skin care.	38	31.9	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDARCREST MANOR

Street Address:		City and State:	
324 WEST 5TH ST		WASHINGTON MO 63090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	184	PROPRIETARY	10/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
182	182	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	87.4	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	76.4	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	72.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	87.4	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	63.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	31.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	91	50.0	45.4	50.8
Residents requiring restraints.	109	59.9	39.3	41.3
Confused or disoriented residents.	126	69.2	50.6	58.4
Residents with bed sores.	5	2.7	7.3	7.1
Residents receiving special skin care.	16	8.8	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ST JOHN'S MERCY HOSP

Street Address:		City and State:	
200 MADISON		WASHINGTON MO 63090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	20	NON-PROFIT RELIGIOUS	06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
8	8	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	100	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	87.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	100	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	25.0	36.9	37.7
Completely bedfast residents.	2	25.0	3.0	3.4
Residents confined to chairs.	1	12.5	45.4	50.8
Residents requiring restraints.	2	25.0	39.3	41.3
Confused or disoriented residents.	4	50.0	50.6	58.4
Residents with bed sores.	1	12.5	7.3	7.1
Residents receiving special skin care.	1	12.5	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERVIEW HEIGHTS NURSING CENTER

Street Address:		City and State:	
BOX 181		WAVERLY MO 64096	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
54	0	42			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		23	42.6	84.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		47	87.0	81.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		47	87.0	70.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	63.0	72.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		39	72.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.		3	5.6	3.6	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	24.1	36.9	37.7
Completely bedfast residents.		1	1.9	3.0	3.4
Residents confined to chairs.		20	37.0	45.4	50.8
Residents requiring restraints.		23	42.6	39.3	41.3
Confused or disoriented residents.		23	42.6	50.6	58.4
Residents with bed sores.		6	11.1	7.3	7.1
Residents receiving special skin care.		13	24.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET VILLAGE OF THE OZARKS

Street Address:		City and State:	
ROUTE 2 BOX 60		WAYNESVILLE MO 65583	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	33	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
33	1	12		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	78.8	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	81.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	75.8	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	69.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	39.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	9.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	2	6.1	45.4	50.8
Residents requiring restraints.	9	27.3	39.3	41.3
Confused or disoriented residents.	25	75.8	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	3	9.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAYNESVILLE NURSING CENTER

Street Address: 700 BIRCH LANE		City and State: WAYNESVILLE MO 65583	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 0	Medicaid Residents: 89	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	87.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	87.5	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	64.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	74.0	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	64.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	56.3	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	28	29.2	45.4	50.8
Residents requiring restraints.	38	39.6	39.3	41.3
Confused or disoriented residents.	55	57.3	50.6	58.4
Residents with bed sores.	12	12.5	7.3	7.1
Residents receiving special skin care.	31	32.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY CARE CENTER OF WEBB CITY

Street Address: RT 1 BOX 100C		City and State: WEBB CITY MO 64870	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 115	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	66.3	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	77.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	74.4	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	55.8	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	62.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	7.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	43.0	36.9	37.7
Completely bedfast residents.	4	4.7	3.0	3.4
Residents confined to chairs.	42	48.8	45.4	50.8
Residents requiring restraints.	37	43.0	39.3	41.3
Confused or disoriented residents.	43	50.0	50.6	58.4
Residents with bed sores.	8	9.3	7.3	7.1
Residents receiving special skin care.	44	51.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN CONVALESCENT HOME

Street Address:		City and State:	
723 S LACLEDE STATION RD		WEBSTER GROVES MO 63119	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	162	NON-PROFIT RELIGIOUS	11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	92.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	14	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	78.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	78.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	71.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	28.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	11	78.6	45.4	50.8
Residents requiring restraints.	10	71.4	39.3	41.3
Confused or disoriented residents.	8	57.1	50.6	58.4
Residents with bed sores.	0	0.0	7.3	7.1
Residents receiving special skin care.	5	35.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GAMMA ROAD NURSING CENTER

Street Address:		City and State:	
250 GAMMA ROAD		WELLSVILLE MO 63384	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	96.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	81.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	64.1	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	95.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	67.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.2	36.9	37.7
Completely bedfast residents.	7	6.0	3.0	3.4
Residents confined to chairs.	53	45.3	45.4	50.8
Residents requiring restraints.	55	47.0	39.3	41.3
Confused or disoriented residents.	50	42.7	50.6	58.4
Residents with bed sores.	5	4.3	7.3	7.1
Residents receiving special skin care.	26	22.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WENTZVILLE PARK CARE CENTER

Street Address:		City and State:	
401 MARLE DRIVE		WENTZVILLE MO 63385	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	196	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
142	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	78.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	83.8	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	74.6	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	76.1	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	71.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	4.2	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	59.9	36.9	37.7
Completely bedfast residents.	2	1.4	3.0	3.4
Residents confined to chairs.	70	49.3	45.4	50.8
Residents requiring restraints.	75	52.8	39.3	41.3
Confused or disoriented residents.	55	38.7	50.6	58.4
Residents with bed sores.	15	10.6	7.3	7.1
Residents receiving special skin care.	47	33.1	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OZARK NURSING CENTER

Street Address:		City and State:	
1410 KENTUCKY ST		WEST PLAINS MO 65775	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
97	0	87		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	62.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	64.9	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	56.7	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	56.7	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	43.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	15.5	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	37	38.1	45.4	50.8
Residents requiring restraints.	34	35.1	39.3	41.3
Confused or disoriented residents.	54	55.7	50.6	58.4
Residents with bed sores.	10	10.3	7.3	7.1
Residents receiving special skin care.	23	23.7	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OZARKS MEDICAL CENTER

Street Address:		City and State:	
1103 ALASKA AVE		WEST PLAINS MO 65775	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	14	NON-PROFIT OTHER	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
8	8	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	62.5	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	100	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	100	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	50.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	12.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	1	12.5	45.4	50.8
Residents requiring restraints.	1	12.5	39.3	41.3
Confused or disoriented residents.	3	37.5	50.6	58.4
Residents with bed sores.	3	37.5	7.3	7.1
Residents receiving special skin care.	0	0.0	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST PLAINS HEALTH CARE CTR

Street Address:		City and State:	
211 DAVIS DRIVE		WEST PLAINS MO 65775	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	2	92		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	91.6	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	88.2	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	63.9	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	70.6	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	53.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	31.1	36.9	37.7
Completely bedfast residents.	5	4.2	3.0	3.4
Residents confined to chairs.	48	40.3	45.4	50.8
Residents requiring restraints.	38	31.9	39.3	41.3
Confused or disoriented residents.	77	64.7	50.6	58.4
Residents with bed sores.	3	2.5	7.3	7.1
Residents receiving special skin care.	42	35.3	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST VUE HOME INC

Street Address:		City and State:	
909 KENTUCKY		WEST PLAINS MO 65775	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
117	0	67			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		99	84.6	84.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		94	80.3	81.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		75	64.1	70.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		117	100	72.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		92	78.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.		30	25.6	3.6	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		67	57.3	36.9	37.7
Completely bedfast residents.		1	0.9	3.0	3.4
Residents confined to chairs.		47	40.2	45.4	50.8
Residents requiring restraints.		35	29.9	39.3	41.3
Confused or disoriented residents.		35	29.9	50.6	58.4
Residents with bed sores.		0	0.0	7.3	7.1
Residents receiving special skin care.		117	100	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLOW CARE NURSING HOME

Street Address:		City and State:	
SOUTH HIGHWAY 76		WILLOW SPRINGS MO 65793	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT OTHER	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	0	97		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	72.9	84.0	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	72.0	81.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	61.0	70.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	60.2	72.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	50.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	39.0	36.9	37.7
Completely bedfast residents.	3	2.5	3.0	3.4
Residents confined to chairs.	53	44.9	45.4	50.8
Residents requiring restraints.	44	37.3	39.3	41.3
Confused or disoriented residents.	52	44.1	50.6	58.4
Residents with bed sores.	3	2.5	7.3	7.1
Residents receiving special skin care.	58	49.2	28.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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